

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001232

Entity Name: 4KIDS OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**827 S. SR 7
NORTH LAUDERDALE, FL 33068**Current Mailing Address:**827 S. SR 7
NORTH LAUDERDALE, FL 33068**FEI Number:** 61-1416525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL R. ALFIERI, P.L.
5143 NW 42 TERRACE
COCONUT CREEK, FL 33073 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** PAUL R. ALFIERI, ESQ.

05/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name SAUDER, DOUGLAS R
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name MARTIN, GINGER
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name CAMPION, SUEANNE
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR, CHAIRMAN
Name OUELETTE, RAY
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name FOREMAN, JOHN
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title SECRETARY
Name LUKASIK, THOMAS L
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name DAVELL, WILLIAM
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name SCHECHTER, JOHN
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS R. SAUDER

PRESIDENT

05/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TCHIVIDJIAN, LISA
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title TREASURER
Name JOHN, MATHEW K
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name KRAVITZ, NORMAN
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name DAVIS, MARK T
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name SEHLKE, J.J.
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR
Name GROOMS, HANK
Address 827 S. SR 7
City-State-Zip: NORTH LAUDERDALE FL 33068