

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002212

Entity Name: KIDS CENTRAL, INC.**Current Principal Place of Business:**901 INDUSTRIAL DRIVE
SUITE 200
WILDWOOD, FL 34785**Current Mailing Address:**901 INDUSTRIAL DRIVE
SUITE 200
WILDWOOD, FL 34785 US**FEI Number:** 03-0423152**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RANEW, THOMAS C JR
901 INDUSTRIAL DRIVE
SUITE 200
WILDWOOD, FL 34785 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO	Title	DIRECTOR
Name	COOPER, JOHN	Name	ROBINSON, CYRUS
Address	901 INDUSTRIAL DRIVE SUITE 200	Address	901 INDUSTRIAL DRIVE SUITE 200
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785
Title	CHAIRMAN	Title	DIRECTOR
Name	JORDAN, MIKE DR.	Name	SCHATT, REBECCA
Address	901 INDUSTRIAL DRIVE SUITE 200	Address	901 INDUSTRIAL DRIVE SUITE 200
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785
Title	CFO	Title	TREASURER
Name	AITKEN, JOHN	Name	SHEILLEY, KEVIN
Address	901 INDUSTRIAL DRIVE SUITE 200	Address	901 INDUSTRIAL DRIVE SUITE 200
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785
Title	DIRECTOR	Title	SECRETARY
Name	KING, KELLY	Name	KINNEY, LANCE
Address	901 INDUSTRIAL DRIVE SUITE 200	Address	901 INDUSTRIAL DRIVE SUITE 200
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785

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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: JOHN AITKEN**CHIEF FINANCIAL
OFFICER****04/06/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, GORDON
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name JAMES, BOBBY
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name ALEXANDER, LISA
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name JOHNSON, JANICE
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name WICKHAM, MARK
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name ROGERS, BRAD
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name BARTOLI, MATTHEW
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name BROW, DIANA
Address 901 INDUSTRIAL DRIVE
SUITE 200
City-State-Zip: WILDWOOD FL 34785