

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002408

Entity Name: FOR THE KIDS FOUNDATION OF TAMPA BAY, INC.**Current Principal Place of Business:**302 E. HENRY AVENUE
TAMPA, FL 33604**Current Mailing Address:**P.O. BOX 9472
TAMPA, FL 33674 US**FEI Number:** 59-0135925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUGGINS, JEFFREY S
302 E. HENRY AVENUE
TAMPA, FL 33604 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 CHAIRMAN, EXECUTIVE OFFICER
Name HUGGINS, JEFFREY S
Address 302 E. HENRY AVENUE
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name HUGGINS, ANNE-MARIE
Address 302 E. HENRY AVENUE
City-State-Zip: TAMPA FL 33604

Title DIRECTOR, CHARTERED
ORGANIZATION REPRESENTATIVE
Name CRUIKSHANK, PETER L
Address 13729 WALBROOKE DRIVE
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name HUGGINS, ETHAN JAMES
Address 302 E. HENRY AVENUE
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name MCDANIEL, SANDY
Address 5821 N 17TH STREET
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name MCDANIEL, LLOYD
Address 5821 N 17TH STREET
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name UTTERBACK, JOHN
Address 1310 MEADOW BROOK AVE
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name BURNSIDE, JEREMY
Address 301 W HAMILLER AVE
City-State-Zip: TAMPA FL 33612

Continues on page 2

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: JEFFREY HUGGINS**CHAIRMAN****04/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SANDERS, GENE
Address	7207 SAN LUIS CT
City-State-Zip:	TAMPA FL 33634