

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000521

Entity Name: KIDS FIRST OF FLORIDA, INC.**Current Principal Place of Business:**1726 KINGSLEY AVENUE
SUITE #2
ORANGE PARK, FL 32073**Current Mailing Address:**1726 KINGSLEY AVENUE
SUITE #2
ORANGE PARK, FL 32073**FEI Number:** 43-1992162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIDSON, KEVIN
1726 KINGSLEY AVE.
SUITE #2
JACKSONVILLE, FL 32073 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	DIRECTOR
Name	GRAHAM, ROBERT
Address	1750 BELMONTE AVE
City-State-Zip:	JACKSONVILLE FL 32207

Title	CEO
Name	TOTO, IRENE
Address	1726 KINGSLEY AVENUE SUITE #2
City-State-Zip:	ORANGE PARK FL 32073

Title	VC
Name	BUNCOME, ROY
Address	1756 COUNTRY WALK DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	DAVIS, MITCHELL
Address	1401 RIVERPLACE BLVD APT 1704
City-State-Zip:	JACKSONVILLE FL 32207

Title	CHAIRMAN
Name	MARTIN, DON
Address	824 E. RED HOUSE BRANCH ROAD
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	CFO
Name	DAVIDSON, KEVIN
Address	1726 KINGSLEY AVENUE SUITE #2
City-State-Zip:	ORANGE PARK FL 32073

Title	DIRECTOR
Name	EBENER, KATHLEEN PHD
Address	936 LONGRIDGE COURT
City-State-Zip:	ORANGE PARK FL 32065

Title	TREASURER
Name	GOERTZ, HUNTER
Address	2754 FRONTIER AVE
City-State-Zip:	ORANGE PARK FL 32065

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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: KEVIN DAVIDSON

CFO

03/14/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RANKIN, ALAINA
Address 3945 D BUCKTHORNE DRIVE
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name RUTLEDGE, HAROLD
Address 3203 TWILIGHT COURT
City-State-Zip: MIDDLEBURG FL 32068