2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2014
Secretary of State
CC5099176174

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	DIRECTOR
Name	CHAPMAN, SHARON
Address	2219 HOLLY LEAF LANE
City-State-Zip:	ORANGE PARK FL 32073

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

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

Title	DIRECTOR
Name	MARTIN, DON
Address	4405 GRAY HERON LANE
City-State-Zip:	ORANGE PARK FL 32065

Title	DIRECTOR
Name	MANCINI, BARBARA
Address	474 MONTEREY PARKWAY
City-State-Zip:	ORANGE PARK FL 32073

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

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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 02/26/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STEWART, MAURICE
Address	1770 WILD DUNES CIRCLE
City-State-Zip:	ORANGE PARK FL 32065