

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001243

**Entity Name:** WHEELS FOR KIDS, INC.**Current Principal Place of Business:**1 BETHESDA PARK CIR  
BOYNTON BEACH, FL 33435**Current Mailing Address:**PO BOX 57  
WEST PALM BEACH, FL 33402 US**FEI Number:** 20-0227249**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUTTLE, TERRI  
180 ROYAL PALM WAY  
SUITE 211  
PALM BEACH, FL 33480 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            PRESIDENT  
Name           ROESER, DENISE  
Address        1 BETHESDA PARK CIR  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name           KLEE, CELINA  
Address        806 EAST WINDWARD WAY  
                  #106  
City-State-Zip: LANTANA FL 33462

Title            DIRECTOR  
Name           ARMFIELD, MICHAEL  
Address        1034 GATEWAY BLVD  
                  STE 104  
City-State-Zip: BOYNTON BEACH FL 33426

Title            DIRECTOR  
Name           RUHL, MARCY  
Address        1317 NORTH N ST  
City-State-Zip: LAKE WORTH FL 33460

Title            VP  
Name           RUHL, GREGORY  
Address        1317 NORTH N ST  
City-State-Zip: LAKE WORTH FL 33460

Title            TREASURER  
Name           ANDERSON, TONI  
Address        1123 S 14TH CT  
City-State-Zip: LANTANA FL 33462

Title            DIRECTOR  
Name           HOUGHTALING, DAREN  
Address        108 LAKE AVE  
                  APT 405  
City-State-Zip: LAKE WORTH FL 33460

Title            DIRECTOR  
Name           TILLES, KELLY  
Address        118 LANCASTER RD  
City-State-Zip: BOYNTON BEACH FL 33426

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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:** DENISE ROESER

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WADE, DEE
Address	8350 WATERWAY DR
City-State-Zip:	LAKE CLARKE SHORES FL 33406