

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010666

Entity Name: THE CHILDREN'S HOME COMMUNITY, INC.**Current Principal Place of Business:**10909 MEMORIAL HWY
TAMPA, FL 33615-2511**Current Mailing Address:**10909 MEMORIAL HWY
TAMPA, FL 33615-2511 US**FEI Number:** 20-0037972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICKUS, IRENE
CHILDRENS HOME NETWORK
10909 MEMORIAL HWY
TAMPA, FL 33615-2511 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:** IRENE RICKUS

02/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name AMEDIE, LIBEN
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title FIRST VICE CHAIR
Name BARRETT, MARK
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title SECOND VICE CHAIR
Name SCHMITZ III, KARL
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title SECRETARY
Name NEWMAN, MERIDETH
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title TREASURER
Name RINKER, CHRIS
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title ASST. TREASURER
Name WALSH, KEVIN
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title CEO
Name RICKUS, IRENE
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615-2511

Title CFO
Name KILEY, MARY LU
Address 10909 MEMORIAL HWY
City-State-Zip: TAMPA FL 33615

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: MARY LU KILEY

CFO

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date