

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003786

Entity Name: AMIKIDS FAMILY SERVICES, INC.**Current Principal Place of Business:**5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634**Current Mailing Address:**5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 US**FEI Number:** 20-4525491**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HULL, DAVID J
ONE INDEPENDENT DRIVE
SUITE 3300
JACKSONVILLE, FL 32202 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	CEO, PRESIDENT
Name	THORNTON, MICHAEL
Address	5915 BENJAMIN CENTER DR.
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR
Name	GOLDEN, HEYWARD D
Address	5915 BENJAMIN CENTER DR
City-State-Zip:	TAMPA FL 33634

Title	SECRETARY
Name	BRACKMAN, ROSEMARY
Address	5915 BENJAMIN CENTER DR
City-State-Zip:	TAMPA FL 33634

Title	TREASURER
Name	PORTO-DUARTE, MARIA
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

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: MICHAEL THORNTON

PRESIDENT/CEO

04/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date