

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

DOCUMENT# N08000000561

**Entity Name:** JOHN P. KUDER CHILDREN'S FOUNDATION, INC.**Current Principal Place of Business:**481 DEER POINT DRIVE  
GULF BREEZE, FL 32561**Current Mailing Address:**PO BOX 901  
GULF BREEZE, FL 32562**FEI Number:** 26-1757220**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KUDER, JOHN P  
481 DEER POINT DRIVE  
GULF BREEZE, FL 32561 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            BARKER, WILLIAM H. COL.  
Address        481 DEER POINT DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title            VP  
Name            KEMP, CHRISTOPHER  
Address        PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title            DIRECTOR  
Name            KEMP, CHRISTOPHER  
Address        PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title            SECRETARY  
Name            BARKER, DONNA  
Address        PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title            DIRECTOR  
Name            BARKER, WILLIAM H. COL.  
Address        PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title            DIRECTOR  
Name            BOOKOUT, RENEE  
Address        PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title            DIRECTOR  
Name            BARKER, DONNA  
Address        PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title            DIRECTOR  
Name            DREADIN, KATHY  
Address        PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

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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:** JOHN P. KUDER**DIRECTOR****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AVERY, PAMELA  
Address PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title DIRECTOR  
Name KEMP, CHRISTOPHER  
Address PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title DIRECTOR  
Name CAMPBELL, SUSAN  
Address PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title DIRECTOR  
Name BEYDLER, PAMELA  
Address PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title DIRECTOR  
Name WEBBER, ALMA J  
Address PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562

Title FOUNDER/ADVISOR/DIRECTOR  
Name KUDER, JOHN P ESQ.  
Address PO BOX 901  
City-State-Zip: GULF BREEZE FL 32562