

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005347

Entity Name: SUPERFIT KIDZ FOUNDATION, INC.**Current Principal Place of Business:**1885 S PINELLAS AVE
TARPON SPRINGS, FL 34689**Current Mailing Address:**P.O BOX 1252
TARPON SPRINGS, FL 34688**FEI Number:** 26-2741168**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORSATTI, CHAD T ESQ.
3204 ALTERNATE 19 NORTH
PALM HARBOR, FL 34683 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	D
Name	RUSSO, CONNIE JO
Address	P. O. BOX 1252
City-State-Zip:	TARPON SPRINGS FL 34688

Title	D
Name	ALBANO, CHARLOTTE M
Address	P. O. BOX 1252
City-State-Zip:	TARPON SPRINGS FL 34688

Title	D
Name	ORSATTI, CHAD T ESQ.
Address	3204 ALTERNATE 19 NORTH
City-State-Zip:	PALM HARBOR FL 34683

Title	D
Name	MOLLOY, REV. KEVIN J
Address	715 E. ORANGE STREET
City-State-Zip:	TARPON SPRINGS FL 34689

Title	D
Name	ALEXANDER, CHLOANN
Address	6627 PARKSIDE DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34653

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: CONNIE JO RUSSO**PRESIDENT****02/22/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date