

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005347

**Entity Name:** SUPERFIT KIDZ FOUNDATION, INC.**Current Principal Place of Business:**34921  
US 19N US 19N  
PALM HARBOR, FL 34684**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.  
2945 ALTERNATE 19 NORTH  
SUITE B  
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	RUSO, CONNIE JO
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	OFFICER
Name	ROEPER, WENDIE
Address	511 MISTLETOE CT B
City-State-Zip:	SAFETY HARBOR FL 34695

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

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

Title	DIRECTOR
Name	HARRISON, CHRISTY
Address	34921 US 19N US 19N
City-State-Zip:	PALM HARBOR FL 34684

*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:** CHRISTY HARRISON**DIRECTOR****04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date