## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009622

Entity Name: 4KIDS OF TAMPA, INC.

**Current Principal Place of Business:** 

4401 W. KENNEDY BLVD. 3RD FLOOR

TAMPA, FL 33609

**Current Mailing Address:** 

4401 W. KENNEDY BLVD. 3RD FLOOR

TAMPA, FL 33609 US

FEI Number: 27-1059881 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAASSEN, DAN 4401 W. KENNEDY BLVD. 3RD FLOOR

TAMPA, FL 33609 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: DAN CLAASSEN 01/14/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title EXECUTIVE DIRECTOR Title DIR

Name CLAASSEN, DAN Name KIRBY, JED

4401 W. KENNEDY BLVD. 4215 W. MORRISON AVENUE Address Address

3RD FLOOR City-State-Zip: **TAMPA FL 33629** 

City-State-Zip: TAMPA FL 33609

Title DIR Title DIR

Name DIERCKS, JEFF Name REES, CRAIG

Address 114 S. WOODLYNNE AVE Address 4422 EL PRADO BLVD

City-State-Zip: **TAMPA FL 33609** TAMPA FL 33629 City-State-Zip:

Title **DIRECTOR** Title DIR

BONEY, BRADFORD H Name FREE, DOUG Name

Address 2812 OLD BAYSHORE WAY 614 W. BAY STREET Address

City-State-Zip: **TAMPA FL 33611** SUITE B

City-State-Zip: TAMPA FL 33606

Title DIRECTOR

Name NASSIF, NICOLE

Address 4133 N. RIVER VIEW AVE.

City-State-Zip: TAMPA FL 33607

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.

01/14/2014 SIGNATURE: JEFFREY J. DIERCKS TREASURER

**FILED** Jan 14, 2014

**Secretary of State** 

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