

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002688

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**0304176539CC**

**Entity Name:** FITNESS AND CHARACTER EDUCATION, INC.

**Current Principal Place of Business:**

635 CAMELLIA TERRACE DRIVE  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

1015 ATLANTIC BLVD.  
#297  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 27-2132221

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FARBER, KIRK L  
635 CAMELLIA TERRACE DRIVE  
NEPTUNE BEACH, FL 32266 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 ED  
Name FARBER, KIRK L  
Address 635 CAMELLIA TERRACE DRIVE  
City-State-Zip: NEPTUNE BEACH FL 32266

Title PS  
Name BEVILACQUA FARBER, LINDA A  
Address 635 CAMELLIA TERRACE DRIVE  
City-State-Zip: NEPTUNE BEACH FL 32266

Title D  
Name KELLY, KIM  
Address 708 FIRST ST  
City-State-Zip: NEPTUNE BEACH FL 32266

Title D  
Name RIVAS, MARCIA  
Address 9825 GATE PARKWAY N - APT. 5304  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name GEIB, LOUISE  
Address 1019 BIG PINE KEY  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name NODA, KELLY  
Address 13121 ATLANTIC BOULEVARD #200  
City-State-Zip: JACKSONVILLE FL 32225

*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:** KIRK FARBER

**EXECUTIVE DIRECTOR**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date