

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000081

**FILED**  
**Jan 08, 2024**  
**Secretary of State**  
**0185267605CC**

**Entity Name:** CHILDREN OF INMATES, INCORPORATED

**Current Principal Place of Business:**

1835 E. HALLANDALE BEACH BLVD.  
#387  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1835 E. HALLANDALE BEACH BLVD.  
#387  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 27-4446519

**Certificate of Status Desired:** Yes

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

SOLOMON, SHELLIE E  
1835 E. HALLANDALE BEACH BLVD.  
#387  
HALLANDALE BEACH, FL 33009 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 VP  
Name UCHIDA, CRAIG D  
Address 468 36TH STREET  
City-State-Zip: MANHATTAN BEACH CA 90266

Title SEC  
Name FARMER, ESTHER  
Address 2386 SW 20 STREET  
City-State-Zip: MIAMI FL 33145

Title PRESIDENT  
Name SOLOMON, SHELLIE E  
Address 1835 E. HALLANDALE BEACH BLVD.  
#387  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name WAUGH, WILLIAM RILEY  
Address 22 BUSHMILL CT  
City-State-Zip: HILLSBOROUGH NC 27278

*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:** SHELLIE SOLOMON, PH.D.

**PRESIDENT**

**01/08/2024**

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

\_\_\_\_\_  
Date