

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000081

**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	200 S LOS ANGELES ST 501
City-State-Zip:	LOS ANGELES CA 90012
Title	PRESIDENT
Name	SOLOMON, SHELLIE E
Address	1835 E. HALLANDALE BEACH BLVD. #387
City-State-Zip:	HALLANDALE BEACH FL 33009

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

**PRESIDENT**

**01/26/2019**

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

\_\_\_\_\_  
Date