

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005444

**FILED**  
**Feb 03, 2022**  
**Secretary of State**  
**9467021721CC**

**Entity Name:** THE KIND MOUSE PRODUCTIONS, INC.

**Current Principal Place of Business:**

1801 16TH STREET N.  
SUITE B  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

1801 16TH STREET N.  
SUITE B  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 45-2455492

**Certificate of Status Desired:** No

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

WILKINS, GEORGE S  
3934 HUNTINGTON STREET NE  
ST. PETERSBURG, FL 33703 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:** GEORGE S. WILKINS

02/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FOUNDER, CEO  
Name WILKINS, GINA  
Address 3934 HUNTINGTON STREET NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR  
Name WILKINS, GEORGE STANLEY  
Address 3934 HUNTINGTON STREET NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR, HONORARY  
Name ANDREWS, ARLENE  
Address 496 W JEFFERSON ST  
City-State-Zip: FRANKLIN IN 46131

Title DIRECTOR, SECRETARY  
Name MCGARRY, JENNIFER  
Address 324 PARK ST. N.  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR, PRESIDENT  
Name CARLAN, LAUREN  
Address 6220 PASADENA POINT BLVD.  
City-State-Zip: PASADENA FL 33707

Title DIRECTOR  
Name COTHRON, DONNA  
Address 503 MONTEREY BLVD. NE #1  
SUITE B  
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR  
Name VICKERS, BRETT  
Address 6005 KIPPS COLONY DR E  
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR  
Name WESTPHAL, NANCY  
Address 400 BEACH DRIVE NE #2506  
City-State-Zip: ST. PETERSBURG FL 33701

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*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:** GINA M. WILKINS

FOUNDER AND CEO

02/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TALLYN, SAMANTHA  
Address 6445 8TH AVE N  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR, TREASURER  
Name GERACE, NICHOLAS LAWRENCE  
Address 151 7TH ST S, UNIT 416  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR, HONORARY  
Name NEWTON, WENGAY  
Address 175 5TH STREET N  
City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR, VP  
Name HOLLIDAY, LEE  
Address 201 4TH ST S #522  
City-State-Zip: SAINT PETERSBURG FL 33701