

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006774

**Entity Name:** KAUSES4KIDS, INC.**Current Principal Place of Business:**2702 CORONA BOREALIS DRIVE  
ORLANDO, FL 32828**Current Mailing Address:**2702 CORONA BOREALIS DRIVE  
ORLANDO, FL 32828 US**FEI Number:** 46-3301695**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUGHLEY, RODNEY  
2702 CORONA BOREALIS DRIVE  
ORLANDO, FL 32828 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 PCEO  
Name HUGHLEY, RODNEY M  
Address 12049 ASHTON MANOR WAY #102  
City-State-Zip: ORLANDO FL 32828

Title SECRETARY  
Name ABRAHAMS, ELOISE  
Address 2605 REEF COURT  
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR  
Name OLIVER, STEVIE  
Address 3759 BLUE CROWN LANE  
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR  
Name WISNER, DEBBIE  
Address 999 S. ORLANDO AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name OLIVER, TONYA  
Address 3759 BLUE CROWN LANE  
City-State-Zip: ORLANDO FL 32736

Title TREASURER  
Name SZABLEWSKI, WALTER  
Address 2702 CORONA BOREALIS DRIVE  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name TAPIA, DEBBY  
Address 999 S. ORLANDO AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title INTERIM VICE CHAIR  
Name ZIGO, TIFFANY  
Address 615 LEXINGTON PARKWAY  
City-State-Zip: APOPKA FL 32712

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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: RODNEY HUGHLEY****FOUNDER/EXECUTIVE  
DIRECTOR****03/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ZIGO, MARCUS
Address	615 LEXINGTON PARKWAY
City-State-Zip:	APOPKA FL 32712