

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

DOCUMENT# N15000007651

**Entity Name:** GIVE A KID A COAT FOUNDATION INC**Current Principal Place of Business:**2634 LITTLE HILL COVE, APT. 208  
OVIEDO, FL 32765**Current Mailing Address:**2634 LITTLE HILL COVE, APT.208  
OVIEDO, FL 32765**FEI Number:** 47-3881246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDMONDS, DEBRA  
2634 LITTLE HILL COVE, #208  
OVIEDO, FL 32765 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	P
Name	EDMONDS, DEBRA
Address	2634 LITTLE HILL COVE, APT. 208
City-State-Zip:	OVIEDO FL 32765

Title	TREASURER
Name	JACKSON, DELBRA
Address	453 SUNNYVIEW CIR
City-State-Zip:	ORLANDO FL 32810

Title	VP
Name	JONES, PLASHETTA
Address	11602 VALENCIA DR
City-State-Zip:	SEFFNER FL 33584

Title	DIRECTOR
Name	EDMONDS, JEREMY
Address	2634 LITTLE HILL CIR 208
City-State-Zip:	OVIEDO FL 32765

Title	DIRECTOR
Name	YOUNG, VICKIE F
Address	3801 E. HANNA AVE.
City-State-Zip:	TAMPA FL 33610

Title	SECRETARY
Name	COBBS- MCKNIGHT, JUDITHANN
Address	253 HAWTHORNE GROVE BLVD. APT 104
City-State-Zip:	ORLANDO FL 32835

Title	DIRECTOR
Name	BLACKWELL, JANICE
Address	539 SOUTH ANCHOR DR.
City-State-Zip:	DELTONA FL 32725

*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:** DEBRA EDMONDS

P

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date