

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007651

**Entity Name:** GIVE A KID A COAT FOUNDATION INC**Current Principal Place of Business:**2013 GRAND BROOK CIR  
APT 811A  
ORLANDO, FL 32810**Current Mailing Address:**2013 GRAND BOOK CIR  
APT 811A  
ORLANDO, FL 32810 US**FEI Number:** 47-3881246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDMONDS, DEBRA  
2013 GRAND BROOK CIR  
APT 811A  
ORLANDO, FL 32810 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	2013 GRAND BROOK CIR APT 811A
City-State-Zip:	ORLANDO FL 32810
Title	SECRETARY
Name	COBBS- MCKNIGHT, JUDITHANN
Address	253 HAWTHORNE GROVE BLVD. APT 104
City-State-Zip:	ORLANDO FL 32835
Title	LEGAL ADVISOR
Name	WARNER, DEBORAH
Address	5200 SOUTH US HIGHWAY 17-92
City-State-Zip:	CASSELBERRY FL 32707

Title	TREASURER
Name	JACKSON, DELBRA
Address	453 SUNNYVIEW CIR
City-State-Zip:	ORLANDO FL 32810
Title	DIRECTOR
Name	BLACKWELL, JANICE
Address	539 SOUTH ANCHOR DR.
City-State-Zip:	DELTONA FL 32725
Title	DIRECTOR
Name	BLACKWELL, JANELLE
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**PRESIDENT****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date