

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008071

Entity Name: KIDZ 4 A CURE, INC.**Current Principal Place of Business:**5240 SW 26TH AVENUE
FORT LAUDERDALE, FL 33312**Current Mailing Address:**5240 SW 26TH AVENUE
FORT LAUDERDALE, FL 33312**FEI Number:** 47-4924664**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SILBER, RACHEL KELLY
5240 SW 26TH AVENUE
FORT LAUDERDALE, FL 33312 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:** RACHEL KELLY SILBER

07/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CRAM, JESSICA
Address 5340 SW 26TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33312

Title T
Name SILBER, RACHEL K
Address 3907 SHERIDAN STREET
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name VOEHL, FRANK
Address 280 LAKE DRIVE
City-State-Zip: COCONUT CREEK FL 33066

Title VP
Name NADEAU, MICHELE
Address 1 JACARANDA DRIVE
 SUITE 103
City-State-Zip: PLANTATION FL 33324

Title VP
Name ISAACS, SIMONE
Address 5240 SW 26TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33312

Title SECRETARY
Name PLOTNER, LETITIA
Address 5240 SW 26TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR
Name SILBER, RONA P
Address 3907 SHERIDAN STREET
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name GERENA, CAROL
Address 5240 SW 26TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33312

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: RACHEL KELLY SILBER**TREASURER**

07/24/2018

Electronic Signature of Signing Officer/Director Detail

Date