

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010927

Entity Name: KIDS TOOLBOX THERAPIES, INC.

Current Principal Place of Business:

505 16TH AVE NE
ST PETERSBURG, FL 33704

Current Mailing Address:

505 16TH AVE NE
ST PETERSBURG, FL 33704 US

FEI Number: 81-4507054

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUG, JAMES C
505 16TH AVE NE
ST PETERSBURG, FL 33704 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 PRES
Name SCHUG, ANNA JUNE
Address 505 16TH AVE NE
City-State-Zip: ST PETERSBURG FL 33704

Title D/T
Name SCHUG, JAMES
Address 505 16TH AVE NE
City-State-Zip: ST PETERSBURG FL 33704

Title D
Name CLAIRE, NATALIE L
Address 505 16TH AVE NE
City-State-Zip: ST PETERSBURG FL 33704

Title S
Name CLAIRE, MATT
Address 505 16TH AVE NE
City-State-Zip: ST PETERSBURG FL 33704

Title D
Name CLAIRE, JOANNE P
Address 505 16TH AVE NE
City-State-Zip: ST PETERSBURG FL 33704

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: JAMES C. SCHUG

DESIGNATED AGENT

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date