

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008419

**Entity Name:** VILLAGE OF MARY CHILDREN'S FOUNDATION, INC.**Current Principal Place of Business:**2299 TALL PINES DR.  
LARGO, FL 33771-3881**Current Mailing Address:**2299 TALL PINES DR.  
LARGO, FL 33771-3881 US**FEI Number:** 82-2532183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEYERS, JOSEPH A II  
2299 TALL PINES DR.  
LARGO, FL 33771-3881 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 DIRECTOR  
Name AHERN, LARRY T  
Address 9783 52ND AVE., NORTH  
City-State-Zip: ST. PETERSBURG FL 33708

Title CHAIRMAN, PRESIDENT  
Name LESSL, JOHN A  
Address 12990 FOREST DR.  
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR  
Name SOWARDS, BRENT W  
Address 10912 109TH LN.  
City-State-Zip: LARGO FL 33778

Title DIRECTOR  
Name DIVITO, NICHOLAS  
Address 6950 14TH AVENUE NORTH  
City-State-Zip: ST.PETERSBURG FL 33710

Title DIRECTOR  
Name BWANIKA, FR. EDWARD  
Address P.O. BOX 28083  
City-State-Zip: KAMPALA, UGANDA OC

Title DIRECTOR  
Name KREMER, JEANNE A  
Address 497 POPLAR THICKET  
City-State-Zip: ALEXANDRIA KY 41001

Title VC, VP  
Name SPIES, JEFFREY G  
Address 12970 90TH AVE. N.  
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR  
Name VIETH, SCOTT W  
Address 8236 131ST WAY  
City-State-Zip: SEMINOLE FL 33776

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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: JOHN A. LESSL****CHAIRMAN****06/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                PILGER, FR. RICK  
Address             11565 66TH AVE. N.  
City-State-Zip:    SEMINOLE FL 33772

Title                 SECRETARY  
Name                COX, RON  
Address             14140 - 83RD PL. N.  
City-State-Zip:    SEMINOLE FL 33776

Title                 TREASURER, DIRECTOR  
Name                STEELMAN, JOAN A  
Address             11486 64TH AVE. N.  
City-State-Zip:    SEMINOLE FL 33772