

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

DOCUMENT# N17000011905

**Entity Name:** MACE KINGSLEY FAMILY CENTER INTERNATIONAL INC.

**Current Principal Place of Business:**

900 GROVE ST  
CLEARWATER, FL 33755

**Current Mailing Address:**

900 GROVE ST.  
CLEARWATER, FL 33755 US

**FEI Number: 82-3744603**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STEVEN L HAYES, PA  
2600 EAST BAY DR  
STE 230  
LARGO, FL 33771 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: STEVEN HAYES**

**02/24/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KINGSLEY, CAROL  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

Title            VP  
Name            REGENSBURG, ALICIA  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

Title            S  
Name            MCNEIL, MICHELLE  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

Title            T  
Name            HAYES, PAULA  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

Title            D  
Name            MESMER, SANDRA  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

Title            D  
Name            SMITH, GREG  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

Title            DIRECTOR  
Name            SARGEANT, MARCY  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

Title            DIRECTOR  
Name            GLICKMAN, MARLENE  
Address        900 GROVE ST  
City-State-Zip: CLEARWATER FL 33755

*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: PAULA HAYES**

**TREASURER**

**02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date