FORT MITERS BEACH, FL 33931						
	Current Mail	ing Address:				
		PELICAN BAY DR. IS BEACH, FL 33931 US				
FEI Number: 83-3166295			Certificate of Status Desired: No			
	Name and Address of Current Registered Agent:					
	PODLASEK, ELKE 18210 OLD PELICAN BAY DR. FORT MYERS BEACH, FL 33931 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	: ELKE PODLASEK			04/29/2024	
	SIGNATURE	: ELKE PODLASEK Electronic Signature of Registered Agent			04/29/2024 Date	
	SIGNATURE Officer/Direc	Electronic Signature of Registered Agent				
		Electronic Signature of Registered Agent	Title	T,D		
	Officer/Direc	Electronic Signature of Registered Agent	Title Name	T,D SANDERS, KIM		
	Officer/Direc	Electronic Signature of Registered Agent ctor Detail : P, D		,		
	Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : P, D PODLASEK, ELKE 18210 OLD PELICAN BAY DR.	Name	SANDERS, KIM 16231 SHENANDOAH CIRCLE		
	Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P, D PODLASEK, ELKE 18210 OLD PELICAN BAY DR.	Name Address	SANDERS, KIM 16231 SHENANDOAH CIRCLE		
	Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P, D PODLASEK, ELKE 18210 OLD PELICAN BAY DR. FORT MYERS BEACH FL 33931	Name Address	SANDERS, KIM 16231 SHENANDOAH CIRCLE		
	Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent P, D PODLASEK, ELKE 18210 OLD PELICAN BAY DR. FORT MYERS BEACH FL 33931 S,D	Name Address	SANDERS, KIM 16231 SHENANDOAH CIRCLE		

City-State-Zip: CAPE CORAL FL 33914

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.

PRESIDENT

SIGNATURE: ELKE PODLASEK

Electronic Signature of Signing Officer/Director Detail

04/29/2024

FILED Apr 29, 2024 Secretary of State 1443996980CC

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1900000587

Entity Name: KIDS CARE DISASTER RELIEF FUND, INC.

Current Principal Place of Business:

18210 OLD PELICAN BAY DR. FORT MYERS BEACH, FL 33931

Date