

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45920

Entity Name: AMIKIDS FOUNDATION, INC.**Current Principal Place of Business:**5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634**Current Mailing Address:**5915 BENJAMIN CENTER DRIVE
AMIKIDS, INC.
TAMPA, FL 33634 US**FEI Number:** 59-3095734**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HULL, DAVID J
ONE INDEPENDENT DRIVE
SUITE 3300
JACKSONVILLE, FL 32202 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 D
Name THOMPSON, DANIEL J
Address 2150 WRIGHTS MILL CR
City-State-Zip: ATLANTA GA 30224

Title D
Name THOMAS, NEWTON
Address 8183 EL CAJON DRIVE
City-State-Zip: BATON ROUGE LA 70815

Title D
Name STANDER, O.B.
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

Title D
Name THORNTON, MICHAEL
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

Title D
Name CRISER, MARK
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

Title D
Name INGRAHAM, JOHN
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

Title D
Name MARTIN, BILL
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

Title D
Name PETREY, ROD
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

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: MICHAEL THORNTON**DIRECTOR****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date