

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001501

**Entity Name:** TYKES AND TEENS, INC.

**Current Principal Place of Business:**

3577 SW CORPORATE PARKWAY  
PALM CITY, FL 34990

**Current Mailing Address:**

3577 SW CORPORATE PARKWAY  
PALM CITY, FL 34990

**FEI Number:** 65-0570899

**Certificate of Status Desired:** No

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

SHEARER, JEFFREY S  
3577 SW CORPORATE PARKWAY  
PALM CITY, FL 34990 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:** JEFFREY SHEARER

01/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SUSAN, BURROWS  
Address 108 NE ALICE STREET  
City-State-Zip: STUART FL 34996

Title D  
Name RALICKI, JEANNE  
Address 1099 WESTMINSTER PLACE  
City-State-Zip: STUART FL 34997

Title D  
Name MORTELL, CAROLYN  
Address 814 SE RIVERSIDE DRIVE  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name WERLIN, LEWIS  
Address 2417 SW HERONWOOD RD  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name CALABRIA, TAMMY  
Address 2006 SW MAYFLOWER DR.  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name FRY, STEPHEN  
Address 154 SE WELLS DRIVE  
City-State-Zip: STUART FL 34996

Title PRESIDENT  
Name FERRARO, JOSHUA  
Address 3601 SE OCEAN BLVD.  
SUITE 201  
City-State-Zip: STUART FL 34996

Title CEO  
Name SHEARER, JEFFREY  
Address 3577 SW CORPORATE PARKWAY  
City-State-Zip: PALM CITY FL 34990

**Continues on page 2**

*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:** JEFFREY SHEARER

**EXECUTIVE DIRECTOR**

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name CORSON, CATHERINE  
Address 815 COLORADO AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name HOLCOMB, DAVID  
Address 800 SE MONTEREY RD.  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GONZALEZ, JOHN  
Address 101 SE OCEAN BLVD.  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name BACHA, ELIZABETH  
Address 500 N. DIXIE HIGHWAY  
SUITE 200  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GOLINO, GINA  
Address 4437 SW PORT WAY  
City-State-Zip: PALM CITY FL 34990