

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001885

Entity Name: KRISTI HOUSE, INC.**Current Principal Place of Business:**1265 NW 12TH AVE
MIAMI, FL 33136**Current Mailing Address:**1265 NW 12TH AVE
MIAMI, FL 33136**FEI Number:** 65-0576650**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KITCHENS, CLAUDIA C.
1265 NW 12TH AVE
MIAMI, FL 33136 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:** CLAUDIA C. KITCHENS

04/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ZEDER, KARA W.
Address 485 LEUCADENDRA DR.
City-State-Zip: MIAMI FL 33156-2367

Title VP
Name APPEL, POLLY
Address 3505 MAIN LODGE DRIVE
City-State-Zip: COCONUT GROVE FL 33133

Title TREASURER
Name CHEN, YVONNE
Address 8670 ARBORETUM LANE
City-State-Zip: MIAMI SHORES FL 33138

Title CFO
Name ROBINSON, LEACROFT
Address KRISTI HOUSE, INC.
 1265 NW 12 AVENUE
City-State-Zip: MIAMI FL 33136

Title SECRETARY
Name LOEB, ANDREA LIPPMAN PHYS.D.
Address 3081 SALZEDO STREET 202
City-State-Zip: CORAL GABLES FL 33134

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: LEACROFT ROBINSON

CFO

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date