

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006183

Entity Name: KIDS WISH NETWORK, INC.**Current Principal Place of Business:**4060 LOUIS AVE
HOLIDAY, FL 34691**Current Mailing Address:**4060 LOUIS AVE
HOLIDAY, FL 34691 US**FEI Number:** 31-1579097**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANZATELLA, ANNA
18741 GRAND CLUB DRIVE
HUDSON, FL 34667 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 TREASURER, SECRETARY
Name GOTTLIEB, ANDREW
Address 4060 LOUIS AVENUE
City-State-Zip: HOLIDAY FL 34691

Title PRESIDENT
Name CLEVINGER, DAVID
Address 4060 LOUIS AVE
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR
Name NURSE, THOMAS
Address 4060 LOUIS AVE
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR
Name MAI, JAMES
Address 4060 LOUIS AVE
City-State-Zip: HOLIDAY FL 34691

Title CFO
Name LANZATELLA, ANNA
Address 4060 LOUIS AVE
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR
Name VANDERBOSCH, MARY
Address 4060 LOUIS AVE
City-State-Zip: HOLIDAY FL 34691

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: ANNA LANZATELLA

CFO

03/31/2016

Electronic Signature of Signing Officer/Director Detail_____
Date