## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004861

Entity Name: CITY KIDS ART FACTORY, INC.

ty Name: CITT KIDS ART FACTORY, IN

**Current Principal Place of Business:** 

1093 WEST 6TH STREET JACKSONVILLE, FL 32209

**Current Mailing Address:** 

3832-010 BAY MEADOWS ROAD PMB 370 JACKSONVILLE. FL 32217 US

FEI Number: 59-3638295 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, GREGORY 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257 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

FILED Feb 13, 2020

**Secretary of State** 

3778240649CC

Officer/Director Detail:

Title VP Title TREASURER

Name KNOWLES, BERDELL Name OWENS, GREGORY

Address 1831 SILVER STREET Address 4873 JAYBIRD CIRCLE N

City-State-Zip: JACKSONVILLE FL 32206 City-State-Zip: JACKSONVILLE FL 32257

Title D Title PRESIDENT

Name TAYLOR-SCALES, MADELINE Name HARLEY, PATRICIA

Address 1401 RIVERPLACE BOULEVARD Address 408 KESLEY LN

APT. 1611 City-State-Zip: ST. JOHNS FL 32259
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR

Title S Name ROWE, ANTOINETTE

Name AJALA, BISI Address 1416 MOSS CREEK DRIVE

Address 7798 CHIPWOOD LN City-State-Zip: JACKSONVILLE FL 32225

City-State-Zip: JACKSONVILLE FL 32256

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: GREGORY OWENS

Electronic Signature of Signing Officer/Director Detail

TREASURER

02/13/2020