

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004861

Entity Name: CITY KIDS ART FACTORY, INC.**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**Officer/Director Detail :**

Title	T
Name	KNOWLES, BERDELL
Address	1831 SILVER STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	P
Name	OWENS, GREGORY
Address	4873 JAYBIRD CIRCLE N
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	TAYLOR-SCALES, MADELINE
Address	7047 CYPRESS BRIDGE DR S
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP
Name	HARLEY, PATRICIA
Address	408 KESLEY LN
City-State-Zip:	ST. JOHNS FL 32259

Title	S
Name	AJALA, BISI
Address	7798 CHIPWOOD LN
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: BISI AJALA**SECRETARY****02/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date