

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003179

FILED
Jan 19, 2012
Secretary of State

Entity Name: AMIKIDS WEST FLORIDA, INC.

Current Principal Place of Business:

AMIKIDS WEST FLORIDA, INC.
1912 OLD MT. ZION RD
PONCE DE LEON, FL 32455

New Principal Place of Business:

1912 OLD MT. ZION ROAD
PONCE DE LEON, FL 32455

Current Mailing Address:

AMIKIDS, INC.
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3191292 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY, & BUSEY
225 WATER STREET STE., #1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: WYNNE, CATHERINE
Address: 1587 REDDICK MILL ROAD
City-St-Zip: GRACEVILLE, FL 32440

Title: D
Name: WEST, JEAN
Address: 1896 HIGHWAY 90
City-St-Zip: WESTVILLE, FL 32464

Title: D
Name: MICHEL, MIKE
Address: 9633 DAVENPORT AVR
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D
Name: GULKIS, NORM
Address: P O BOX 15932
City-St-Zip: PANAMA CITY, FL 32406

Title: P
Name: FULFORD, WAYLAND
Address: 1242 JACKSON AVENUE
City-St-Zip: CHIPLEY, FL 32428

Title: D
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

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: O.B. STANDER

D

01/19/2012

Electronic Signature of Signing Officer or Director

Date