

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724685

Entity Name: AMIKIDS PINELLAS, INC.

Current Principal Place of Business:

2220 62ND AVE S
SAINT PETERSBURG, FL 33712

Current Mailing Address:

2220 62ND AVE S
SAINT PETERSBURG, FL 33712 US

FEI Number: 23-7228523

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY AND BUSEY
ONE INDEPENDENT DRIVE SUITE 3300
JACKSONVILLE, FL 32202 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 DIRECTOR
Name PORTER, GREGORY
Address 2220 62ND AVE S
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name THORNTON, MICHAEL A
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name LETTELLEIR, MARK P
Address 2220 62ND AVE S
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name RETTIG, AMY
Address 2220 62ND AVE S
City-State-Zip: ST. PETERSBURG FL 33712

Title CHAIRMAN
Name PERRY, MELINDA F
Address 2220 62ND AVE S
City-State-Zip: ST. PETERSBURG FL 33712

Title PRESIDENT
Name BURZINSKI, JEFF F
Address 2220 62ND AVE S
City-State-Zip: SAINT PETERSBURG FL 33712

Title EXECUTIVE DIRECTOR
Name WALKER, WANDA
Address 2220 62ND AVE S
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR
Name LOEHR, NANCY
Address 2220 62ND AVE S
City-State-Zip: SAINT PETERSBURG FL 33712

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: MICHAEL A THORNTON

DIRECTOR

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date