

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006462

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC9896031627**

**Entity Name:** THE TWELVE FOR CHILDREN AND FAMILIES OF FLORIDA, INC.

**Current Principal Place of Business:**

1881 NE 26 STREET  
SUITE 240  
WILTON MANORS, FL 33305

**Current Mailing Address:**

1881 NE 26 STREET  
SUITE 240  
WILTON MANORS, FL 33305

**FEI Number: 34-1970957**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHWEIKHARDT, WILLIAM  
900 6TH AVE S  
203  
NAPLES, FL 34102 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 D  
Name GRUBER, MICHAEL S  
Address 6370 MT PLEASANT STREET NW  
City-State-Zip: N CANTON OH 44720

Title D  
Name BAGNOLA, DEAN  
Address 4800 MUNSON STREET NW  
City-State-Zip: CANTON OH 44718

Title D  
Name BENDETTA, CHARLES  
Address 21808 MASTERS CIRCLE  
City-State-Zip: ESTERO FL 33928

Title D  
Name CAMPBELL, RON  
Address 7580 TWIN EAGLE LANE  
City-State-Zip: FT MYERS FL 33912

Title D  
Name YOUNG, CATHY  
Address 2800 ESTERO BLVD.  
City-State-Zip: FT. MYERS FL 33931

*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: CHARLES BENDETTA**

**PRESIDENT**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date