

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002562

Entity Name: KNOTS 4 KIDS, INC.**Current Principal Place of Business:**221 NORTH HOGAN STREET
SUITE 205
JACKSONVILLE, FL 32202**Current Mailing Address:**221 NORTH HOGAN STREET
SUITE 205
JACKSONVILLE, FL 32202 US**FEI Number:** 26-2947051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, EFFEREM O
44 CATESBY LN.
ST. AUGUSTINE, FL 32095 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 OFFICER/PRESIDENT
Name WILLIAMS, EFFEREM O.
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name RILEY, SHERMAN
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name KELVIN, LAWSON
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name RILEY, SHERMAN
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MILLS, WESLEY DR.
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MOORE, KEN
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MILLS, TYRON
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name WILLIAMS, BRIAN
Address 221 NORTH HOGAN STREET
205
City-State-Zip: JACKSONVILLE FL 32202

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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: BRIAN WILLIAMS

TREASURER

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, SECRETARY
Name ROBINSON, FRANK
Address 221 NORTH HOGAN STREET
205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ROLLE, WADE
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name JONES, DOUGLASS
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name PAYNE, MARIO
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HUDSON, BENNIE
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WEBBE, SEBASTIAN
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202