

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002562

Entity Name: KNOT FOR 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
5353 SUMMIT LAKE DRIVE
JACKSONVILLE, FL 32258 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 OFFICER/TREASURER
Name GRANT, KEVIN
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 MILLS, WESLEY DR.
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER/SECRETARY
Name MCCRAY, BRANDON T.
Address 221 NORTH HOGAN STREET
SUITE 205
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER/PARLIAMENTARIAN
Name BALLARD, JEROME
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 LAVANT, BRUCE PHD
Address 221 NORTH HOGAN STREET
SUITE 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: EFFEREM WILLIAMS

PRESIDENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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