2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2020
Secretary of State
5184577290CC

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
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	Title	VP
Name	WILLIAMS, EFFEREM O.	Name	BALLARD, JEROME
Address	221 NORTH HOGAN STREET SUITE 205	Address	221 NORTH HOGAN STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR	Title	DIRECTOR
Name	KELVIN, LAWSON	Name	RILEY, SHERMAN
Address	221 NORTH HOGAN STREET SUITE 205	Address	221 NORTH HOGAN STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR	Title	DIRECTOR
Name	MILLS, WESLEY DR.	Name	LAVANT, BRUCE PHD
Address	221 NORTH HOGAN STREET SUITE 205	Address	221 NORTH HOGAN STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR	Title	DIRECTOR
Name	MOORE, KEN	Name	MILLS, TYRON
Address	221 NORTH HOGAN STREET SUITE 205	Address	221 NORTH HOGAN STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32202	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: WILLIAMS, BRIAN TREASURER 05/19/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	WILLIAMS, BRIAN
Address	221 NORTH HOGAN STREET 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

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