

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005664

Entity Name: KINDER CUB SCHOOL, INC.**Current Principal Place of Business:**149 NE 221 AVE
CROSS CITY, FL 32628**Current Mailing Address:**149 NE 221 AVENUE
CROSS CITY, FL 32628 US**FEI Number:** 27-2857690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HODGES, ANNE G
85 NE 126 ST
CROSS CITY, FL 32628 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	CHAIRMAN
Name	WARD, LU
Address	4557 SE 55A HWY
City-State-Zip:	OLD TOWN FL 32680

Title	BD
Name	ALLEN, NICOLE
Address	20498 SE HW 19
City-State-Zip:	OLD TOWN FL 32680

Title	BD
Name	WEEKS, JACQUELINE
Address	1692 NE 899TH ST
City-State-Zip:	OLD TOWN FL 32680

Title	BD
Name	BARBER, BESSIE C
Address	1998 SE 349 HWY P O BOX 94
City-State-Zip:	OLD TOWN FL 32680

Title	BD
Name	WHITTINGTON, JUDITH K
Address	212 SE 18TH AVE
City-State-Zip:	CROSS CITY FL 32628

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: LU WARD

CHAIRMAN

03/10/2022

Electronic Signature of Signing Officer/Director Detail_____
Date