#### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011257

Entity Name: 4KIDS OF WEST CENTRAL FLORIDA, INC.

FILED
Jan 25, 2013
Secretary of State
CC7829264632

### **Current Principal Place of Business:**

8900 U.S. HIGHWAY 19 N. PINELLAS PARK. FL 33782

## **Current Mailing Address:**

8900 U.S. HIGHWAY 19 N. PINELLAS PARK, FL 33782

FEI Number: 45-3993709 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

SEDDIO, JOSEPH 8900 US HIGHWAY 19 N. PINELLAS PARK, FL 33782 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 DP Title DT

NameTEEL, THOMASNameSEDDIO, JOSEPHAddress1125 ALCAZAR WAYAddress6069 18TH ST. SOUTH

City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip: ST. PETERSBURG FL 33712

Title DS Title D

Name DANIEL, GODLY Name BABB, JOHN

Address 1331 DUNCAN LOOP N APT 207 Address 3090 WALNUT ST. NE

City-State-Zip: DUNEDIN FL 34698 City-State-Zip: ST. PETERSBURG FL 33704

Title D Title D

Name BROWN, BRUCE Name HALEY, MARK
Address 7007 129TH STREET NORTH Address 6170 104TH AVE. N

City-State-Zip: SEMINOLE FL 33776 City-State-Zip: PINELLAS PARK FL 33782

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: JOSEPH M. SEDDIO

**TREASURER** 

01/25/2013