

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14091

**Entity Name:** AMI KIDS CROSSROADS, INC.

**Current Principal Place of Business:**

45991 BERMONT ROAD  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

AMIKIDS, INC.  
5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634 US

**FEI Number:** 59-2661387

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WEBB, SANKEY EIII  
1107 WEST MARION AVE., STE 115  
PUNTA GORDA, FL 33950 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 D  
Name FAXON, DAVID  
Address PO BOX 510688  
City-State-Zip: PUNTA GORDA FL 33951-0688

Title D  
Name STANDER, O.B.  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title T  
Name WEBB, EDDIE  
Address 1107 WEST MARION AVENUE, SUITE 115  
City-State-Zip: PUNTA GORDA FL 33950

Title C  
Name SWIFT, LEE  
Address P.O. BOX 1745  
City-State-Zip: PUNTA GORDA FL 33950

Title S  
Name MATTHIESSEN, BRITT  
Address 601 VIA TUNIS  
City-State-Zip: PUNTA GORDA FL 33950

*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:** O.B. STANDER

**DIRECTOR**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date