

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005257

**Entity Name:** KINGS TUTORING & MENTORING FOUNDATION, INC.

**Current Principal Place of Business:**

1025 PALM BEACH ROAD  
SOUTH BAY, FL 33493

**Current Mailing Address:**

206 SW 12TH AVE  
SOUTH BAY, FL 33493

**FEI Number: 81-2809737**

**Certificate of Status Desired: No**

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

KING, BARBARA  
206 SW 12TH AVE  
SOUTH BAY, FL 33493 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	P	Title	VP
Name	KING, BARBARA	Name	BROWN, LYNETTE BUTTS
Address	206 SW 12TH AVE	Address	260 SW 9TH AVE
City-State-Zip:	SOUTH BAY FL 33493	City-State-Zip:	SOUTH BAY FL 33493
Title	OFFICER	Title	TREASURER
Name	DARVILLE, LIONEL C	Name	SIMPSON, CLIKYERRIA S
Address	1317 SW AVE C	Address	206 SW 12TH AVE
City-State-Zip:	BELLE GLADE FL 33430	City-State-Zip:	SOUTH BAY FL 33493
Title	ASST. SECRETARY	Title	SECRETARY
Name	CANNON, ANTONISHA S	Name	KING, SAMANTHA
Address	206 SW 12TH AVE	Address	206 SW 12TH AVE
City-State-Zip:	SOUTH BAY FL 33493	City-State-Zip:	SOUTH BAY FL 33493

*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: BARBARA KING**

**PRESIDENT**

**05/05/2020**

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

\_\_\_\_\_  
Date