

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006968

Entity Name: IT TAKES A VILLAGE CONCEPTS, INC.**Current Principal Place of Business:**213 LEMON STREET
WILDWOOD, FL 34785**Current Mailing Address:**PO BOX 1085
WILDWOOD, FL 34785**FEI Number: 81-4839964****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KING, NORMA J.C.
213 LEMON STREET
WILDWOOD, FL 34785 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, PRESIDENT
Name	KING, NORMA J./C.
Address	213 LEMON STREET P O BOX 1085
City-State-Zip:	WILDWOOD FL 34785

Title	VICE PRES
Name	KING, ROBERT JR.
Address	213 LEMON STREET P O BOX 1085
City-State-Zip:	WILDWOOD FL 34785

Title	SECRETARY
Name	HOBBS, LARISA D
Address	3967 PEBBLE BROOKE CIRCLE SOUTH
City-State-Zip:	ORANGE PARK FL 32065

Title	TREASURER
Name	JACOBS, JOSEPH T
Address	2808 C R 238 P O BOX 1386
City-State-Zip:	WILDWOOD FL 34785

Title	BOARD MEMBER
Name	COACHMAN, CATHERINE
Address	701 JACKSON STREET P O BOX 837
City-State-Zip:	WILDWOOD FL 34785

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: NORMA J./C. KING**PRESIDENT****04/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date