

2023 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 873 RED LEAF STREET, UNIT 315,
ORANGE PARK, FL 32068
MAILING: 9526 ARGYLE FOREST
BLVD, UNIT B2, PMB 413
City-State-Zip: JACKSONVILLE FL 32222

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****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date