

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000008419

Entity Name: VILLAGE OF MARY CHILDREN'S FOUNDATION, INC.**Current Principal Place of Business:**2299 TALL PINES DR.
LARGO, FL 33771-3881**Current Mailing Address:**2299 TALL PINES DR.
LARGO, FL 33771-3881 US**FEI Number: 82-2532183****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MEYERS, JOSEPH A II
2299 TALL PINES DR.
LARGO, FL 33771-3881 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	DIRECTOR
Name	AHERN, LARRY T
Address	9783 52ND AVE., NORTH
City-State-Zip:	ST. PETERSBURG FL 33708

Title	DIRECTOR
Name	BWANIKA, FR. EDWARD
Address	P.O. BOX 28083
City-State-Zip:	KAMPALA, UGANDA OC

Title	DIRECTOR
Name	KREMER, JEANNE A
Address	497 POPLAR THICKET
City-State-Zip:	ALEXANDRIA KY 41001

Title	VC, VP
Name	SPIES, JEFFREY G
Address	12970 90TH AVE. N.
City-State-Zip:	SEMINOLE FL 33776

Title	DIRECTOR
Name	BABB, NORIS
Address	9126 MAPLE CT.
City-State-Zip:	SEMINOLE FL 33777

Title	CHAIRMAN, PRESIDENT
Name	LESSL, JOHN A
Address	12990 FOREST DR.
City-State-Zip:	SEMINOLE FL 33776

Title	DIRECTOR
Name	SOWARDS, BRENT W
Address	10912 109TH LN.
City-State-Zip:	LARGO FL 33778

Title	DIRECTOR
Name	DIVITO, NICHOLAS
Address	6950 14TH AVENUE NORTH
City-State-Zip:	ST.PETERSBURG FL 33710

Continues on page 2

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: JOHN A LESSL**CHAIRMAN, PRESIDENT****05/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VIETH, SCOTT W
Address 8236 131ST WAY
City-State-Zip: SEMINOLE FL 33776

Title TREASURER, DIRECTOR
Name STEELMAN, JOAN A
Address 11486 64TH AVE. N.
City-State-Zip: SEMINOLE FL 33772

Title DIRECTOR
Name PILGER, FR. RICK
Address 11565 66TH AVE. N.
City-State-Zip: SEMINOLE FL 33772

Title SECRETARY
Name COX, RON
Address 14140 - 83RD PL. N.
City-State-Zip: SEMINOLE FL 33776