2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000004921

Entity Name: KIDS IN NEED OF GUIDANCE & GRACE INC

**Current Principal Place of Business:** 

3641 SENECA CLUB LOOP UNIT B В ORLANDO, FL 32808-3187

## **Current Mailing Address:**

3641 SENECA CLUB LOOP **#UNIT B** ORLANDO, FL 32808 US

## FEI Number: 83-0532856

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

QUAINTANCE, CIARA 3641 SENECA CLUB LOOP UNIT B ORLANDO, FL 32808 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

#### **Officer/Director Detail :**

Title	DIRECTOR	Title	OFFICER
Name	QUAINTANCE, CIARA SYMONE	Name	JOHNSON, MEGAN
Address	3641 SENECA CLUP LOOP	Address	156 WHIRLAWAY DRIVE
City Ctata Zin		City-State-Zip:	DAVENPORT FL 33837
City-State-Zip:	URLANDU FL 32808		
Title	SECRETARY	Title	VP
litte		Name	LOISEAU, FRANCES
Name	NAZARENO, LARISSA	Address City-State-Zip:	
Address	8182 CARAVELLE DRIVE		2526 CESERY BLVD
			JACKSONVILLE FL 32211
City-State-Zip:	JACKSONVILLE FL 32244		
		Title	PRESIDENT
Title	TREASURER	Name	BONAFE, MICHELLE
Name	QUAINTANCE, KRISTIN L		
Address	3529 SENECA CLUB LOOP UNIT B	Address	2119 BO PEEP DRIVE WEST
		City-State-Zip:	JACKSONVILLE FL 32210
City-State-Zip:	ORLANDO FL 32808		
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	TitleDIRECTORNameQUAINTANCE, CIARA SYMONEAddress3641 SENECA CLUP LOOP UNIT BCity-State-Zip:ORLANDO FL 32808TitleSECRETARYNameNAZARENO, LARISSAAddress8182 CARAVELLE DRIVECity-State-Zip:JACKSONVILLE FL 32244TitleTREASURERNameQUAINTANCE, KRISTIN LAddress3529 SENECA CLUB LOOP UNIT B	TitleDIRECTORTitleNameQUAINTANCE, CIARA SYMONENameAddress3641 SENECA CLUP LOOP UNIT BAddress City-State-Zip:City-State-Zip:ORLANDO FL 32808TitleTitleSECRETARY NAMENameNameNAZARENO, LARISSAAddressAddress8182 CARAVELLE DRIVE City-State-Zip:City-State-Zip:City-State-Zip:JACKSONVILLE FL 32244TitleTitleTREASURER NameTitleNameQUAINTANCE, KRISTIN LAddressAddress3529 SENECA CLUB LOOP UNIT BCity-State-Zip:

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: CIARA QUAINTANCE

# FILED Jul 14, 2023 Secretary of State 6388288751CC

Certificate of Status Desired: No

Date

EXECUTIVE DIRECTOR