

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000012613

Entity Name: THE CHILDRENS ALLIANCE OF FLORIDA INC**Current Principal Place of Business:**255 NE 2ND DRIVE
HOMESTEAD, FL 33030**Current Mailing Address:**255 NE 2ND DRIVE
HOMESTEAD, FL 33030 US**FEI Number:** 84-3828202**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABRAHAM ZIADEH CPA PA
9000 SHERIDAN STREET
SUITE 140
PEMBROKE PINES, FL 33024 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	PRESIDENT
Name	WEPPNER, NICOLE MARIE
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	D
Name	RASSNER, WAYNE
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	VP, TREASURER
Name	LOPEZ, MARIA L
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	SECRETARY, DIRECTOR
Name	GONZALEZ, ALISON
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	NAJERA, KENIA
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	PERRY, MELINDA
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	GREGG, GAIL
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	HURST, JEFFREY
Address	255 NE 2ND DRIVE
City-State-Zip:	HOMESTEAD FL 33030

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: NICOLE WEPPNER

PRESIDENT

04/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NAWYN, SUSAN
Address 255 NE 2ND DRIVE
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name WILSON, ALIX
Address 255 NE 2ND DRIVE
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name JENNIFER, DECKER
Address 255 NE 2ND DRIVE
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name SCHWARTZ, NORMA
Address 255 NE 2ND DRIVE
City-State-Zip: HOMESTEAD FL 33030