

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000004646

**Entity Name:** POWER KIDS WELLNESS INC

**Current Principal Place of Business:**

1236 AIRPORT PULLING ROAD N  
NAPLES, FL 34104

**Current Mailing Address:**

1236 AIRPORT PULLING ROAD N  
NAPLES, FL 34104 US

**FEI Number: 86-3528160**

**Certificate of Status Desired: No**

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

CHIDDISTER, KEVIN L JR.  
1236 AIRPORT PULLING RD N  
NAPLES, FL 34104 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 P  
Name CHIDDISTER, KEVIN L  
Address 1236 AIRPORT PULLING RD  
City-State-Zip: NAPLES FL 34104

Title VP  
Name JAASKO, NILS-OTTO DR.  
Address 1236 AIRPORT PULLING RD N  
City-State-Zip: NAPLES FL 34104

Title VP  
Name EHRHARD, SHERI  
Address 1236 AIRPORT PULLING RD N  
City-State-Zip: NAPLES FL 34104

Title VP  
Name KORDA, ANTHONY  
Address 2338 IMMOKALEE RD, SUITE 137  
City-State-Zip: NAPLES FL 34110

*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: KEVIN L. CHIDDISTER JR**

**PRESIDENT**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date