

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27281

Entity Name: SOS CHILDREN'S VILLAGES - FLORIDA, INC.**Current Principal Place of Business:**3681 NW 59TH PLACE
COCONUT CREEK, FL 33073**Current Mailing Address:**3681 NW 59TH PLACE
COCONUT CREEK, FL 33073**FEI Number:** 65-0080301**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMATH, JILLIAN
3681 NW 59TH PLACE
COCONUT CREEK, FL 33073 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:** JILLIAN SMATH

03/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CATANIA, NICK
Address 401 E LAS OLAS BLVD #2300
City-State-Zip: FORT LAUDERDALE FL 33301

Title D, BOARD CHAIR
Name STEIN, KRISTINA
Address 6255 NW 97TH AVENUE
City-State-Zip: PARKLAND FL 33076

Title D, TREASURER
Name PIERCE, PATRICIA
Address 5021 NW 123 AVENUE
City-State-Zip: CORAL SPRINGS FL 33076

Title CFO
Name KLEIN, MICHAEL
Address 3681 NW 59TH PLACE
City-State-Zip: COCONUT CREEK FL 33073

Title D, SECRETARY
Name FINLEY, CONNIE
Address 4733 NW 50 COURT
City-State-Zip: COCONUT CREEK FL 33073

Title INTERIM CEO
Name SMATH, JILLIAN
Address 3681 NW 59TH PLACE
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR, BOARD CHAIR-ELECT
Name KRAMER, WILLIAM
Address 1460 S. OCEAN BLVD.
602
City-State-Zip: LAUDERDALE BY THE SEA FL 33062

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: MICHAEL KLEIN

CFO

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date