

2015 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:** Yes**Name and Address of Current Registered Agent:**DUVERNAY, KEITH
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:**_____
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-ELECT
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, BOARD CHAIR
Name	MARK, SOLOMON
Address	5489 WILES ROAD SUITE 301
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

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****03/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date