

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42017

Entity Name: AMIKIDS GAINESVILLE, INC.**Current Principal Place of Business:**6815 SW ARCHER RD.
GAINESVILLE, FL 32608**Current Mailing Address:**6815 SW ARCHER RD.
GAINESVILLE, FL 32608 US**FEI Number:** 59-3048922**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HULL, DAVID J
SMITH, HULSEY & BUSEY
ONE INDEPENDENT DRIVE SUITE 3300
JACKSONVILLE, FL 32202 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	THORNTON, MICHAEL A
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

Title	CHAIRMAN
Name	BRYANT, ASHLEY
Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	YOUNG, VICTORIA CAPT
Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	HARRIS, ASHLEI
Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	RABE, LENA
Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	VANCE, BARRY
Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	HAMILTON , MELISSA
Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	JASMIN, HALL
Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608

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 A THORNTON

DIRECTOR

03/21/2025

Electronic Signature of Signing Officer/Director Detail

Date