

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N42179

**Entity Name:** AMIKIDS PENSACOLA, INC.

**Current Principal Place of Business:**

3685 MULDOON ROAD  
PENSACOLA, FL 32526

**Current Mailing Address:**

3685 MULDOON ROAD  
PENSACOLA, FL 32526 US

**FEI Number:** 59-3051944

**Certificate of Status Desired:** No

**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           TREASURER  
Name           RIGBY, JESSE W  
Address        3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           HATLER, RYAN  
Address        3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           CASEY, JESSE E.  
Address        3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title           PRESIDENT  
Name           BUSH, MEREDITH  
Address        3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           THORNTON, MICHAEL A  
Address        5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title           CHAIRMAN  
Name           BRANCH, LAURA  
Address        3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           SHUMAN, DENNIS  
Address        3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           MOORER, TRACIE  
Address        3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

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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**

**03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE DIRECTOR  
Name WILLIAMS, ISSAC  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR  
Name RIVERA, RONALD  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title SECRETARY  
Name HUBLEY, ERIC  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526