2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2019
Secretary of State
1782041420CC

DOCUMENT# N95000001501

Entity Name: TYKES AND TEENS, INC.

Current Principal Place of Business:

3577 SW CORPORATE PARKWAY
PALM CITY, FL 34990

Current Mailing Address:

3577 SW CORPORATE PARKWAY
PALM CITY, FL 34990

FEI Number: 65-0570899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEARER, JEFFREY S
3577 SW CORPORATE PARKWAY
PALM CITY, FL 34990 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: JEFFREY SHEARER 01/25/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO
Name	SHEARER, JEFFREY
Address	3577 SW CORPORATE PARKWAY
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	BARRETT, VALERIE
Address	845 SE OSCEOLA STREET
City-State-Zip:	STUART FL 34994

Title	SECRETARY
Name	MCCORMICK, ANNE
Address	3733 SW THISTLEWOOD LANE
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	VILLWOCK, MICHELLE
Address	500 E OCEAN BLVD.
City-State-Zip:	STUART FL 34996

Title	DIRECTOR
Name	GONZALEZ, JOHN
Address	600 SE OCEAN BLVD.
City-State-Zip:	STUART FL 34994

Title	PRESIDENT
Name	PHILLIPS, REBECCA
Address	PO BOX 9010
City-State-Zip:	STUART FL 34995

Title	DIRECTOR
Name	KENWORTHY, KEN
Address	1090 NE 101 AVENUE
City-State-Zip:	OKEECHOBEE FL 34974

Title	TREASURER
Name	EDENS, SARAH
Address	16 KNOWLES RD
City-State-Zip:	STUART FL 34996

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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: JEFFREY SHEARER CHIEF EXECUTIVE OFFICER 01/25/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCMANUS, F. SHIELDS
Address	5910 SE FOREST GLADE TRAIL
City-State-Zip:	HOBE SOUND FL 33455

Title	DIRECTOR
Name	FRY, STEPHEN
Address	154 SE WELLS DRIVE
City-State-Zip:	STUART FL 34996

Title	DIRECTOR
Name	BOBKO, NOEL
Address	2400 SE FEDERAL HWY
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	ANDRADE, DUANNE
Address	11162 SW WYNDHAM WAY
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	DIRECTOR
Name	YORK, C. MICHAEL REV.
Address	2955 W. BROOKFIELD WAY
City-State-Zip:	VERO BEACH FL 32966

Title	DIRECTOR
Name	RALICKI, JEANNE
Address	1099 SE WESTMINSTER PLACE
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	KNIPPER, PAT
Address	1831 ENGLISH OAK DRIVE
City-State-Zip:	VERO BEACH FL 32966

Title	DIRECTOR
Name	LIBBY, ELLY
Address	2820 SE DUNE DRIVE, UNIT 2306
City-State-Zip:	STUART FL 34996