

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000061469

**Entity Name:** KIDZ CONNECTION LEARNING CENTER, INC.**Current Principal Place of Business:**321 STRATFORD COMMONS  
DELTONA, FL 32725**Current Mailing Address:**2645 SHIPROCK COURT  
DELTONA, FL 32738 US**FEI Number: 36-4640284****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORKINS, THOMAS  
2645 SHIPROCK CT  
DELTONA, FL 32738 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	PD
Name	CORKINS, MICHELE
Address	2645 SHIPROCK CT..
City-State-Zip:	DELTONA FL 32738

Title	VP
Name	CORKINS, THOMAS
Address	2645 SHIPROCK CT.
City-State-Zip:	DELTONA FL 32738

Title	BM
Name	EZZAI/CORKINS, MEAGAN M
Address	2761 BRIERDALE DRIVE
City-State-Zip:	DELTONA FL 32738

Title	BM
Name	CORKINS-ZABELE, JULIE A
Address	2376 CAPTAIN DRIVE
City-State-Zip:	DELTONA FL 32738

Title	TREASURER
Name	BROW, JENNIFER LYNN
Address	532 TRADEWINDS DRIVE
City-State-Zip:	DELTONA FL 32738

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHELE CORKINS****PRESIDENT****02/27/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date