

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000061469

**Entity Name:** KIDZ CONNECTION LEARNING CENTER, INC.

**Current Principal Place of Business:**

1785 ELKCAM BLVD.  
DELTONA, FL 32725

**Current Mailing Address:**

1785 ELKCAM BLVD.  
DELTONA, FL 32725

**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 1088 PEAK CIRCLE.  
City-State-Zip: DELTONA FL 32738

Title BM  
Name CORKINS, 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**

**05/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date