

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004789

FILED
Mar 17, 2021
Secretary of State
8659449795CC

Entity Name: BLESSINGS IN A BACKPACK, INC.

Current Principal Place of Business:

4121 SHELBYVILLE ROAD
LOUISVILLE, KY 40207

Current Mailing Address:

4121 SHELBYVILLE ROAD
LOUISVILLE, KY 40207 US

FEI Number: 26-1964620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST ARNOLD, CECILA
6994 HIGHLAND PARK CIRCLE
FORT MEYERS, FL 33966 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: ST ARNOLD CECILA

03/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name USTIAN, RAMONA
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR
Name STEPHENS, RICH
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR
Name MOORES, SARA
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR
Name GORDON, RICHARD
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title CEO
Name KERR, ERIN
Address 135 S LASALLE ST #1921
City-State-Zip: CHICAGO IL 60603

Title CFO
Name BEAM, KEVIN
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title VICE CHAIR
Name MCMAHON, TERESA
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR
Name YORK, TONYA
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

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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: KEVIN BEAM

CFO

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ITUEN, UBONG
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR
Name DUTRA, ANA
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR
Name HOWIE, TAMI
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title CHAIRMAN
Name DEPIPPA, JOSEPH
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title TREASURER
Name COLANGELO, PAUL
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title SECRETARY
Name RYAN, CYNTHIA
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR
Name RAWLS, STACI
Address 4121 SHELBYVILLE ROAD
City-State-Zip: LOUISVILLE KY 40207