

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002927

**Entity Name:** WARRIORS 4 KIDS INC

**Current Principal Place of Business:**

5050 S. HWY. A1A  
MELBOURNE BCH., FL 32951

**Current Mailing Address:**

P.O. BOX 510014  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 82-0741255

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOWLING, KELLIE  
5050 S. HWY. A1A  
MELBOURNE BCH., FL 32951 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 D/P  
Name BOWLING, TOMMY D  
Address 5050 S. HWY. A1A  
City-State-Zip: MELBOURNE BCH. FL 32951

Title D  
Name BOWLING, KELLIE R  
Address 5050 S. HWY. A1A  
City-State-Zip: MELBOURNE BCH. FL 32951

Title S/T  
Name BOWLING, KELLIE R  
Address 5050 S. HWY. A1A  
City-State-Zip: MELBOURNE BCH. FL 32951

Title D  
Name BARLEY, KEENUN  
Address 5050 S. HWY. A1A  
City-State-Zip: MELBOURNE BCH. FL 32951

Title D  
Name HOLMBECK, COLE  
Address 5050 S. HWY. A1A  
City-State-Zip: MELBOURNE BCH. FL 32951

Title D  
Name LANE, JESSICA  
Address 5050 S. HWY. A1A  
City-State-Zip: MELBOURNE BCH. FL 32951

*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: KELLIE BOWLING**

**DIRECTOR**

**01/15/2020**

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

\_\_\_\_\_  
Date