

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Florida Non Profit Corporation

ITS JUST 4 KIDS, INC.

Filing Information

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State FL
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Last Event AMENDMENT
Event Date Filed 05/05/2010
Event Effective Date NONE

Principal Address

727 FORT STREET
KEY WEST FL 33040
Changed 05/01/2012

Mailing Address

C/O MARY E PARMLEY 101 PETRONIA STREET
KEY WEST FL 33040
Changed 05/01/2012

Registered Agent Name & Address

PARMLEY, MARY E
101 PETRONIA STREET
KEY WEST FL 33040 US
Name Changed: 05/01/2012
Address Changed: 05/01/2012

Officer/Director Detail

Name & Address

Title CEO
PARMLEY, MARY E
101 PETRONIA STREET
KEY WEST FL 33040

Title S
SABATIER, GENEVIEVE
5217 5TH STREET
KEY WEST FL 33040

Title B
ANFINSON, ERIC
726 CAROLINE STREET
KEY WEST FL 33040

Title T
WORTH, RICK
TSKW 600 WHITE STREET
KEY WEST FL 33040

Annual Reports

Report Year	Filed Date
2011	03/07/2011
2012	04/30/2012
2012	05/01/2012

Document Images

05/01/2012 -- ANNUAL REPORT	<input type="button" value="View image in PDF format"/>
04/30/2012 -- ANNUAL REPORT	<input type="button" value="View image in PDF format"/>
03/07/2011 -- ANNUAL REPORT	<input type="button" value="View image in PDF format"/>
07/15/2010 -- ANNUAL REPORT	<input type="button" value="View image in PDF format"/>
05/05/2010 -- Amendment	<input type="button" value="View image in PDF format"/>
12/16/2009 -- Amendment	<input type="button" value="View image in PDF format"/>
04/23/2009 -- ANNUAL REPORT	<input type="button" value="View image in PDF format"/>



ITSJU-1

OP ID: TM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/12/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Key West Insurance, Inc. 646 United Street, Suite 1 Key West, FL 33040 Terry Melvin	305-294-1096 305-294-8016	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURER A: Riverport Insurance Company		NAIC #
INSURED Its Just 4 Kids, Inc. 727 Fort Street Key West, FL 33040	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			TBA	04/10/12	04/10/13	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000	
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				\$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Art program for kids

Certificate holder is named additional insured as their interest may appear.

CERTIFICATE HOLDER**CANCELLATION**

City of Key West
 Attn: Marilyn Wilbarger
 PO Box 1409
 Key West, FL 33041

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Terry Melvin

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