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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003266

1. Corporation Name

KIND PROGRAM, INC.

Principal Place of Business

1000 CLINT MOORE RD. SUITE #201
BOCA RATON FL 33487

Mailing Address

1000 CLINT MOORE RD. SUITE #201
BOCA RATON FL 33487



2. Principal Place of Business

21 951 Yamato Road

2a. Mailing Address

26 951 Yamato Road

Suite, Apt. #, etc.

22 Mail Stop, C-40

Suite, Apt. #, etc.

27 Mail Stop, C-40

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33431

Country

Zip

29 33431

Country

30

3. Date incorporated or Qualified

06/04/1997

4. FEI Number

65-0765570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GITTLIN, BOB

1000 CLINT MOORE RD, SUITE #201
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Lindsay Duval

82 Street Address (P.O. Box Number is Not Acceptable)

951 Yamato Road

83

Mail Stop, C-40

84 City

Boca Raton

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WAGENTI, ANGELA

STREET ADDRESS 1000 CLINT MOORE RD, SUITE #201

CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

NAME DUVAL, LINDSAY

STREET ADDRESS 2647 NW 64TH BLVD

CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☒ DELETE

NAME ROBERTS, JIM

STREET ADDRESS 2743 NW 28TH ST

CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☒ DELETE

NAME GITTLIN, BOB

STREET ADDRESS 1000 CLINT MOORE RD, SUITE #201

CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☒ DELETE

NAME KANZLER-HAYS, LISA

STREET ADDRESS 2750 PARK OF COMMERCE DRIVE

CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2300 West Copans Rd
Pompano Beach, FL 33069

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D John Ray III
951 Yamato Road, Mail Stop C-40
Boca Raton, FL 33431

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D Janet Nodine
361 NW 35th PL
Boca Raton, FL 33431

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Lindsay Duval, Pres./Dir. 2-9-99 561-789-5930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)