# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 27, 2005 8:00 am**
**Secretary of State**
06-27-2005 90002 031 ****61.25

DOCUMENT # N97000003266

1. Entity Name
KIND PROGRAM, INC.

50053770

| Principal Place of Business | Mailing Address |
|---|---|
| ~~499 E PALMETTO PARK ROAD~~ 777 S. Flagler Dr. Suite 800 West Tower<br>~~BOCA RATON, FL 33432~~ WEST PALM BEACH, FL 33401 | ~~499 E PALMETTO PARK ROAD~~ c/o CBIZ ATA<br>~~BOCA RATON, FL 33432~~ 399 NW BOCA RATON BLVD<br>BOCA RATON, FL 33432 |

01062005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0765570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SCHECHTER, ELLEN<br>1900 NW CORPORATE BLVD, SUITE 400 EAST<br>BOCA RATON, FL 33431 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLETCHER, ELIZABETH<br>280 E PALMETTO PARK ROAD<br>BOCA RATON, FL 33432 | ☐ Delete | Andrea Knibbs<br>600 Fairway Dr, Suite 109<br>Deerfield Beach, FL 33441 (PD) | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CWICK, NATALIE<br>1800 CORPORATE BLVD. NW #100<br>BOCA RATON, FL 33431 | ☐ Delete | Christopher Root<br>399 NW Boca Raton Blvd<br>Boca Raton, FL 33432 (TD) | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KASSEBAUM, BETSI<br>7900 GLADES RD #420<br>BOCA RATON, FL 33434 | ☒ Delete | Ken Hall<br>3300 Forest Hill Blvd, C-206<br>West Palm Beach, FL 33406 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROBERTS, MICHAELANNE<br>2743 NW 28TH ST.<br>BOCA RATON, FL 33434 | ☒ Delete | Judith Kliner<br>3308 Forest Hill Blvd<br>West Palm Beach, FL 33406 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN-MURRO, KELLEY<br>101 N. FEDERAL HWY.<br>BOCA RATON, FL 33432 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERGUSON, TIMOTHY<br>~~501 YAMATO RD. #4150~~<br>~~BOCA RATON, FL 33431~~ | ☐ Delete | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Root 6/23/05 561-392-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #