

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006309

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: KIDNEY KIDS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2068 PICNIC LANE  
APOPKA, FL 327038

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450984  
KISSIMMEE, FL 347450984 US

**New Mailing Address:**

FEI Number: 59-3479851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DOYLE BOEHM, DELIA  
5 SPRINGWOOD TRAIL  
ORMOND BEACH, FL 32174 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RATHMANN, MICHELE  
Address: 2068 PICNIC LANE  
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete  
Name: WOOLERY, FAYE  
Address: 3122 RIACHUELO LANE  
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete  
Name: WOOLERY, PAUL  
Address: 3122 RIACHUELO LANE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VD ( ) Delete  
Name: VARGAS, JEANETTE R  
Address: 10600 BLOOMFIELD DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: RA ( ) Delete  
Name: BOHEN, DELIA D  
Address: 5 SPRINGWOOD TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete  
Name: HARTMAN, LINDA  
Address: 868 GREGORY LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL WOOLERY

TD

02/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date