


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90130 048 ****61.25

DOCUMENT # N99000004861 1. Entity Name CITY KIDS ART FACTORY, INC.					
Principal Place of Business 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257 1801 North Myrtle Ave Jacksonville, FL 32209			Mailing Address 3832-010 BAY MEADOWS ROAD PMB 370 JACKSONVILLE, FL 32217		
2. Principal Place of Business 1801 North Myrtle Ave			3. Mailing Address SAME		
Suite, Apt. #, etc. —			Suite, Apt. #, etc. —		
City & State JAX FL			City & State —		
Zip 32209		Country USA		4. FEI Number 59-3638295	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, GREGORY 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 HAILE, MARCUS 1300 RIVER PLACE JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pls see attached sheet for names to add. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWENS, GREGORY 4873 JAYBIRD CIRCLE N JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVENS, ERNESTINE B 5837 LUSAID DRIVE JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR-SCALES, MADELINE 7047 CYPRESS BRIDGE DR S PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HOSUK KIM 4913 MAPLEWOOD COURT CALLAHAN, FL 32011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRAKE, BARBARA 1614 SOUTH EDGWOOD AVENUE JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Elizabeth Rodriguez - Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/04 (404) 393-9812 <small>Date Daytime Phone #</small>		

Attachment

#N99000004861

Please add the following names to the listing of Officers and Directors

1. Elizabeth Rodriguez Treasurer
5351 Trout River Blvd.
Jacksonville, FL 32208
2. Berdell Knowles -Secretary
21 W. Church St.
Jacksonville, FL 32202
3. James Carl Davis Sr.
599 Alhambra Lane N
Ponte Vedra FL 32082
4. Carolyn Williams
1576 W. 13th St.
Jacksonville, FL 32209-5473
5. Cleve E. Warren
10901 Burntmill Rd, Unit 502
Jacksonville, FL 32256
6. Edwin Maynard
6406 Merrill Rd Unit C
Jacksonville, FL 32211