

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90194 042 \*\*\*\*61.25

DOCUMENT # N99000004861

1. Entity Name  
CITY KIDS ART FACTORY, INC.



Principal Place of Business → SP  
1801 NORTH MYRTLE AVE  
JACKSONVILLE, FL 32209

Mailing Address  
3832-010 BAY MEADOWS ROAD  
PMB 370  
JACKSONVILLE, FL 32217

50017383



2. Principal Place of Business  
1801 NORTH MYRTLE AVE.

3. Mailing Address  
Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State  
JACKSONVILLE FL

City & State

4. FEI Number  
59-3638295

Applied For  
Not Applicable

Zip  
32209 Country  
USA

Zip Country

5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ELIZABETH	
STREET ADDRESS	5351 TROUT RIVER BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	V	<input type="checkbox"/> Delete
NAME	OWENS, GREGORY	
STREET ADDRESS	4873 JAYBIRD CIRCLE N	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIVENS, ERNESTINE B	
STREET ADDRESS	5837 LUSAID DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR-SCALES, MADELINE	
STREET ADDRESS	7047 CYPRESS BRIDGE DR S	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, HOSUK KIM	
STREET ADDRESS	4913 MAPLEWOOD COURT	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	S	<input type="checkbox"/> Delete
NAME	KNOWIES, BERDALL	
STREET ADDRESS	21 W CHURCH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN WILLIAMS	
STREET ADDRESS	1576 West 13th Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEVE WARREN	
STREET ADDRESS	10901 Burnt Mill Rd. #502	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES CARL DAVIS	
STREET ADDRESS	599 Alhambra Lane, N	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. KENNETH NIXON	
STREET ADDRESS	8031 Hampton Park Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Elizabeth S. Rodriguez Elizabeth S. Rodriguez 4/25/06 (904) 393-9812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #