


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90101 043 ****61.25

60022782



DOCUMENT # N99000004861					
1. Entity Name CITY KIDS ART FACTORY, INC.					
Principal Place of Business 1801 N MYRTLE AVE JACKSONVILLE, FL 32209		Mailing Address 3832-010 BAY MEADOWS ROAD PMB 370 JACKSONVILLE, FL 32217			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3638295	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
01052007		Chg-NP		CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OWENS, GREGORY 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, ELIZABETH		NAME	JAMES DAVIS SR	
STREET ADDRESS	5351 TROUT RIVER BLVD		STREET ADDRESS	599 Alhambra Lane, N	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, GREGORY		NAME	President Owens, Gregory	
STREET ADDRESS	4873 JAYBIRD CIRCLE N		STREET ADDRESS	4873 Jaybird Circle N	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BIVENS, ERNESTINE B		NAME	Vice President Stewart, Rowena	
STREET ADDRESS	5837 LUSAID DRIVE		STREET ADDRESS	1801 N. MYRTLE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	JAX FL 32209	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR-SCALES, MADELINE		NAME	TAYLOR - Scales Madeline	
STREET ADDRESS	7047 CYPRESS BRIDGE DR S		STREET ADDRESS	7047 cypress bridge DR S	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEE, HOSUK KIM		NAME	Kenneth & Nixon	
STREET ADDRESS	4913 MAPLEWOOD COURT		STREET ADDRESS	760 West Edgewood Avenue	
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP	Jax FL 32208	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWIES, BERDALL		NAME	S Knowles, Berdell	
STREET ADDRESS	21 W CHURCH ST		STREET ADDRESS	21 West Church St	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	Jacksonville, FL 32202	
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: <u>Berdell Knowles, Secretary</u>		Date: <u>01/05/07</u>		Daytime Phone #: <u>904/665-4524</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

CITY KIDS ART FACTORY, INC 60022782
OFFICERS AND DIRECTOR'S CONTINUED FROM PAGE 1

DOCUMENT #N88000004861

TITLE	D	ADDITION
NAME	WILLIAMS, CAROLYN	
STREET ADDRESS	1576 W. 13TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	

TITLE	D	ADDITION
NAME	WARREN, CLEVE	
STREET ADDRESS	10901 BURNTMILL RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	D	ADDITION
NAME	CRYSTAL GANPATH	
STREET ADDRESS	240 PONTE VEDRA PARK DRIVE, STE 150	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

TITLE	D	ADDITION
NAME	MARCUS HAILE	
STREET ADDRESS	3100 UNIVERSITY BLVD #300	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	