

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002132

Entity Name: KIDS INC. OF LAKE COUNTY

FILED
Mar 05, 2004
Secretary of State

Current Principal Place of Business:

949 CAMP AVE.
MOUNT DORA, FL 32757

New Principal Place of Business:

1333 E. 3RD. AVE
MOUNT DORA, FL 32757

Current Mailing Address:

PO BOX 34
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-3101574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVENS, SUZANNE R
1333 E. 3RD. AVE.
MOUNT DORA, FL 32757

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: DAY, LINDA
Address: 13955 SOUTHEAST 53RD. TERR
City-St-Zip: SUMMERFIELD, FL 34491

Title: TD () Delete
Name: GILMORE, EDITH M
Address: 101 GRANT AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: PARROTT, LINDA
Address: 1604 ALAN DR
City-St-Zip: EUSTIS, FL 32726

Title: ED () Delete
Name: STEVENS, SUZANNE
Address: 1535 E 3RD AVE
City-St-Zip: MT DORA, FL 32706

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUZANNE STEVENS

ED

03/05/2004

Electronic Signature of Signing Officer or Director

Date