

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003352

**FILED  
Apr 15, 2014  
Secretary of State  
CC1703920617**

**Entity Name:** KISSIMMEE WITH SPOKEN WORD FOR KIDS, INC.

**Current Principal Place of Business:**

444 ACACIA TREE WAY  
STREET ADDRESS 2  
KISSIMMEE, FL 34758

**Current Mailing Address:**

444 ACACIA TREE WAY  
STREET ADDRESS 2  
KISSIMMEE, FL 34758 US

**FEI Number:** 20-8760213

**Certificate of Status Desired:** No

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

WARREN, OMAR ASR.  
444 ACACIA TREE WAY  
STREET ADDRESS 2  
KISSIMMEE, FL 34758 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            WARREN, OMAR ASR  
Address        444 ACACIA TREE WAY  
City-State-Zip: KISSIMMEE FL 34758

Title            VP  
Name            WALKER, OPAL A  
Address        444 ACACIA TREE WAY  
City-State-Zip: KISSIMMEE FL 34758

Title            TRES  
Name            MONSANTO, ROBERTA  
Address        154 BRIARCLIFF DR.  
City-State-Zip: KISSIMMEE FL 34758

*I hereby 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 all other like empowered.*

**SIGNATURE:** OMAR WARREN

**PRESIDENT**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date