

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011817

Entity Name: KIDS FOR A CURE, INC.**Current Principal Place of Business:**4438 SW 105TH DR
GAINESVILLE, FL 32608**Current Mailing Address:**4438 SW 105TH DR
GAINESVILLE, FL 32608 US**FEI Number:** 45-1167359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELIZABETH BABCOCK, MD, PA
100 SW 75TH ST
SUITE 103
GAINESVILLE, FL 32607 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	PRESIDENT
Name	CARNES, KENNETH
Address	4438 SW 105TH DR
City-State-Zip:	GAINESVILLE FL 32608

Title	VP
Name	CARNES, ELIZABETH
Address	4438 SW 105TH DR
City-State-Zip:	GAINESVILLE FL 32608

Title	S
Name	BABCOCK, MARGARET
Address	4438 SW 105TH DR
City-State-Zip:	GAINESVILLE FL 32608

Title	MEMBER
Name	CARNES, JOSHUA
Address	4438 SW 105TH DR
City-State-Zip:	GAINESVILLE FL 32608

Title	VP
Name	CARNES, MAGGIE
Address	4438 SW 105TH DR
City-State-Zip:	GAINESVILLE FL 32608

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: MARGARET BABCOCK

MANAGING MEMBER

04/14/2017

Electronic Signature of Signing Officer/Director Detail_____
Date