

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005388

Entity Name: H.I.S. K.I.D.S. INCORPORATED**Current Principal Place of Business:**1001 DEAL ST.
HIGHLAND, IL 62249**Current Mailing Address:**1001 DEAL ST.
HIGHLAND, IL 62249 US**FEI Number:** 37-1170527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILES, JAMES HIII
4114 CENTRAL SARASOTA PKWY A-1118
SARASOTA, FL 34238 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 D
Name KRONK, ROBERT
Address 12901 ANDREW DR.
City-State-Zip: HIGHLAND IL 62249

Title PRESIDENT
Name ALEXANDER, LINDA
Address 130 QUAIL DRIVE
City-State-Zip: HIGHLAND IL 62249

Title VP, CHAPLIAN
Name MILES, KEVIN S
Address 65 N. PORTE DR,
City-State-Zip: HIGHLAND IL 62249

Title DIRECTOR
Name REED, PAUL
Address 1007 N. MAIN ST.
City-State-Zip: COLUMBIA IL

Title DPT
Name MILES, JAMES HIII
Address 4114 CENTRAL SARASOTA PKWY A-1118
City-State-Zip: SARASOTA FL 34238

Title DIR
Name GREVE, JON L
Address 100 SUPPIGER LANE
City-State-Zip: HIGHLAND IL 62249

Title DIRECTOR
Name ALEXANDER, LINDA
Address 130 QUAIL DR. EAST
City-State-Zip: HIGHLAND IL 62249

Title DIRECTOR
Name GREVE, JON L
Address 100 SUPPIGER LANE
City-State-Zip: HIGHLAND IL 62249

Continues on page 2

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: JAMES H. MILES 111**CO-
FOUNDER/PRESIDENT****02/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DIMIG, TOM
Address 8239 SWARTHMORE CT.
City-State-Zip: ST.LOUIS MO 63210

Title DIRECTOR
Name THOMAS, BRIANNA DR.
Address 1029 WASHINGTON ST.
City-State-Zip: ST. CHARLES MO 63301

Title DIRECTOR
Name FOLEY, MAURA
Address 609 AUBER DR.
City-State-Zip: MANCHESTER MO 63011

Title DIRECTOR
Name KLINGBEIL, STEVE
Address 1949 KLAUS RD.
City-State-Zip: HIGHLAND IL 62249

Title DIRECTOR
Name LOWES, ANGI
Address 810 LAURALEE DR.
City-State-Zip: O'FALLON MO 63366

Title DIRECTOR
Name WUEBBLES, KATHY
Address 1 METROPOLITAN SQUARE
City-State-Zip: ST. LOUIS MO 63102

Title DIRECTOR
Name RAU, AMY
Address 301 FREY LANE
City-State-Zip: FAIRVIEW HEIGHTS IL 62208

Title DIRECTOR
Name KRAUS, CHRISTY
Address 509 W.MONROE
City-State-Zip: HIGHLAND IL 62249

Title DIRECTOR
Name RHHEAUME, MATTHEW
Address 816 ALEXANDER DR.
City-State-Zip: O'FALLON IL 62269