## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003556

Entity Name: KIDS HOPE AMERICA, INC.

FILED Jul 15, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 513 CENTRAL AVENUE 5TH FL HIGHLAND PARK, IL 60035 **Current Mailing Address: New Mailing Address:** 122 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603 FEI Number: 33-1051751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYETTE, WADE 1380 GRAND HIGHWAY STE. 200 CLERMONT, FL 34711 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KUJOVICH, LAWRENCE Name: Name: 27111 N. TWIN POND ROAD Address: Address: City-St-Zip: LAKE BARRINGTON, IL 30010 City-St-Zip: Title: VC () Delete Title: () Change () Addition Name: WAHL, PETER Name: Address: 2017 ALLENDALE AVE. Address: City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: Title: () Delete Title: () Change () Addition SINNOTT, MARTIN Name: Name: 122 S. MICHIGAN AVENUE #1500 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: ST () Delete Title: () Change () Addition Name: BECK, WILLIAM Name: 1432 SE 2300 NORTH ROAD Address: Address: City-St-Zip: EDINBURG, IL 62531 City-St-Zip: Title: () Delete Title: () Change () Addition BENOV, STEVEN Name: Name: 27111 N. TWIN POND RD Address: Address: City-St-Zip: LAKE BARRINGTON, IL 60010 City-St-Zip: Title: () Delete Title: () Change () Addition ROBINSON, CLARK Name: Name: 110 S DUNTON Address: Address: ARLINGTON HEIGHTS, IL 60005 City-St-Zip: 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: MARTIN SINNOTT PRES 07/15/2004