

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005060

Entity Name: KINSHIP4KIDS, INC.

FILED  
Jan 28, 2009  
Secretary of State

## Current Principal Place of Business:

4006 SYLVAN COURT  
FLOYDSKNOBS, IN 47119

## New Principal Place of Business:

4006 SYLVAN COURT  
FLOYDS KNOBS, IN 47119

## Current Mailing Address:

P.O. BOX 695  
FLOYDSKNOBS, IN 47119

## New Mailing Address:

P.O. BOX 695  
FLOYDS KNOBS, IN 47119

FEI Number: 26-3127494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURKE, TIMOTHY  
5289 KEYSVILLE AVE.  
SPRING HILL, FL 34608 US

## 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: P ( ) Delete  
Name: BURKE, KATHY  
Address: P.O. BOX 695  
City-St-Zip: FLOYDSKNOBS, IN 47119

Title: S ( ) Delete  
Name: SMITH, LORI  
Address: 142 N. CRESTMOOR AVE.  
City-St-Zip: LOUISVILLE, KY 40206

Title: T ( ) Delete  
Name: BYRNE, TERRY  
Address: 8900 INDIAN BLUFF RD. NE  
City-St-Zip: GEORGETOWN, IN 47122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURKE, KATHY  
Address: 4006 SYLVAN COURT  
City-St-Zip: FLOYDS KNOBS, IN 47119

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 exemption stated in Chapter 119, 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: KATHY BURKE

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date