

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005060

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** KINSHIP4KIDS, INC.

**Current Principal Place of Business:**

4006 SYLVAN COURT  
FLOYDS KNOBS, IN 47119

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 695  
FLOYDS KNOBS, IN 47119

**New Mailing Address:**

P.O. BOX 5450  
SPRING HILL, FL 34611

**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:** PRES  
**Name:** BURKE, KATHY  
**Address:** 4006 SYLVAN COURT  
**City-St-Zip:** FLOYDS KNOBS, IN 47119

**Title:** SECR  
**Name:** SMITH, LORI  
**Address:** 142 N. CRESTMOOR AVE.  
**City-St-Zip:** LOUISVILLE, KY 40206

**Title:** TREA  
**Name:** DAIGREPONT, REBECCA  
**Address:** 1020 GARDEN CREEK CIR  
**City-St-Zip:** LOUISVILLE, KY 40223

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:** KATHY BURKE

PRES

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date