FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00374 (1)

1. Corporation Name

KIDS' INTERNATIONAL DONORS SOCIETY (K.I.D.S.), INC.

Principal Place of Business	Mailing Address
1105-1107 NORTH FEDERAL HWY P.O. BOX 5359 LAKE WORTH FL 33466-2359	1105-1107 NORTH FEDERAL HWY P.O. BOX 5359 LAKE WORTH FL 33466-2359

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1983
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2358942 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: ~~P.O. Box 5359~~ 461 SW 1st St.	26 2a. Mailing Address: P.O. Box 6523
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boca Raton FL	28 City & State: West Palm Beach FL
24 Zip: 33432 25 Country: US	29 Zip: 33405-0523 30 Country: US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MUSGROVE, CHARLES W.
2328 S. CONGRESS AVE.
SUITE 1-D
W. PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name: Nikon Griffis
82 Street Address (P.O. Box Number is Not Acceptable): 245 Atlantic Ave
83
84 City: Palm Beach FL 85 Zip Code: 33480

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Nixon Griffis — 4-10-95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	DT	☒ Change ☐ Addition
NAME	ZULLO, KATHRYN	12 NAME		
STREET ADDRESS	17 BERWICK RD.	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	GRIFFIS, NICK	22 NAME		
STREET ADDRESS	122 PERUVIAN	23 STREET ADDRESS	245 Atlantic Ave	
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	VD	31 TITLE	D	☒ Change ☐ Addition
NAME	HAGLUND, DAVE	32 NAME		
STREET ADDRESS	1601 GEORGIA AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	DS	☒ Change ☐ Addition
NAME	ZULLO, ALLAN	42 NAME		
STREET ADDRESS	17 BERWICK RD.	43 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	44 CITY-ST-ZIP		
TITLE	~~ASST~~	51 TITLE	PD	☐ Change ☒ Addition
NAME	~~SEC~~	52 NAME	SUZANNE WILLIAMS	
STREET ADDRESS		53 STREET ADDRESS	461 SW 1ST ST	
CITY-ST-ZIP		54 CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan Zullo — ALLAN ZULLO, SECRETARY — 4-10-95 — 407 626-1243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061043