FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N00374 (1)

1. Corporation Name

KIDS INTERNATIONAL DONORS SOCIETY (K.I.D.S.), IN C.

Principal Place of Business	Mailing Address
461 SW 1ST ST P.O. BOX 5359 BOCA RATON FL 33432 US	P O BOX 6523 P.O. BOX 5359 WEST PALM BEACH FL 33405-0523 US

3. Date Incorporated or Qualified: 12/15/1983

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 217 CARIBBEAN Rd.	26 217 CARIBBEAN RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM BEACH, FL.	City & State 28 PALM BEACH, FL.
Zip 24 33480 Country 25 USA	Zip 29 33480 Country 30 USA

4. FEI Number: 59-2358942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NIXON, GRIFFIS
245 ATLANTIC AVE
SUITE 1-D
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: NIXON S. GRIFFIS

82 Street Address (P.O. Box Number is Not Acceptable): 217 CARIBBEAN Rd.

83

84 City: PALM BEACH, FL 85 Zip Code: 33480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Nixon S. Griffis 1-23-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ZULLO, KATHRYN 17 BERWICK RD. PALM BCH GARDENS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRIFFIS, NICK 245 ATLANTIC AVE PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P.O. GRIFFIS, NIXON S. 217 CARIBBEAN Rd PALM BEACH, FL 33480	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGLUND, DAVE 1601 GEORGIA AVENUE W. PALM BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ZULLO, ALLAN 17 BERWICK RD. PALM BCH GARDENS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, SUZANNE 461 SW 1ST ST BOCA RATON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD WILLIAMS, SUZANNE 461 SW 1ST ST. BOCA RATON, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Nixon S. Griffis 1-23-96 407 882-9967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #