

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00374** (1)
1. Corporation Name
KIDS INTERNATIONAL DONORS SOCIETY (K.I.D.S.), IN C.



Principal Place of Business 217 CARIBBEAN ROAD P.O. BOX 5359 PALM BEACH FL 33480 US	Mailing Address 217 CARIBBEAN ROAD P.O. BOX 5359 PALM BEACH FL 33480 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 217 CARIBBEAN Rd. Suite, Apt. #, etc. 22	2a. Mailing Address 217 CARIBBEAN ROAD Suite, Apt. #, etc. 27
City & State PALM BEACH, FL. Zip 33480	City & State PALM BEACH, FL. Zip 33480
Country USA	Country USA

3. Date Incorporated or Qualified 12/15/1983	3a. Date of Last Report 01/29/1996
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
**NIXON, GRIFFIS
217 CARIBBEAN ROAD
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)
83 217 CARIBBEAN ROAD
84 City PALM BEACH
85 Zip Code FL 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* **NIXON S. GRIFFIS** **5-20-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE DT	☐ DELETE
NAME ZULLO, KATHRYN	
STREET ADDRESS 17 BERWICK RD.	
CITY-ST-ZIP PALM BCH GARDENS FL	
TITLE PD	☐ DELETE
NAME GRIFFIS, NICK	
STREET ADDRESS 217 CARIBBEAN ROAD	
CITY-ST-ZIP PALM BEACH FL	
TITLE D	☐ DELETE
NAME HAGLUND, DAVE	
STREET ADDRESS 1801 GEORGIA AVENUE	
CITY-ST-ZIP W. PALM BEACH FL	
TITLE DS	☐ DELETE
NAME ZULLO, ALLAN	
STREET ADDRESS 17 BERWICK RD.	
CITY-ST-ZIP PALM BCH GARDENS FL	
TITLE D	☐ DELETE
NAME WILLIAMS, SUZANNE	
STREET ADDRESS 461 SW 1ST ST	
CITY-ST-ZIP BOCA RATON FL	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE: *Nixon S. Griffis* **NIXON S. GRIFFIS** **5-20-97** **561582-3367**

CR2E037 (4/97)