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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
217 CARIBBEAN RD PALM BEACH FL 33480 US	217 CARIBBEAN ROAD PALM BEACH FL 33480 US

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NIXON, GRIFFIS
217 CARIBBEAN ROAD
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ZULLO, KATHRYN		1.2 NAME	NANCY MORTON	
STREET ADDRESS	17 BERWICK RD.		1.3 STREET ADDRESS	2373 E. IOWA	
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP	DENVER, CO 80231	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIS, NICK		2.2 NAME		
STREET ADDRESS	217 CARIBBEAN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAGLUND, DAVE		3.2 NAME		
STREET ADDRESS	1601 GEORGIA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZULLO, ALLAN		4.2 NAME		
STREET ADDRESS	17 BERWICK RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, SUZANNE		5.2 NAME		
STREET ADDRESS	461 SW 1ST ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 on an attachment with an address.

SIGNATURE: Nixon S Griffis 1-1-98 561-882-9967