

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00374

FILED
Apr 18, 2004
Secretary of State**Entity Name:** KIDS INTERNATIONAL DONORS SOCIETY (K.I.D.S.), INC.**Current Principal Place of Business:**217 CARIBBEAN RD

PALM BEACH, FL 33480 US**New Principal Place of Business:****Current Mailing Address:**217 CARIBBEAN ROAD
PALM BEACH, FL 33480 US**New Mailing Address:****FEI Number:** 59-2358942 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NIXON, GRIFFIS S PD
217 CARIBBEAN ROAD
PALM BEACH, FL 33480 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:** DT () Delete
Name: ZULLO, KATHRYN DT
Address: 17 BERWICK RD.
City-St-Zip: PALM BCH GARDENS, FL 33418 US**Title:** PD () Delete
Name: GRIFFIS, NIXON S PD
Address: 217 CARIBBEAN ROAD
City-St-Zip: PALM BEACH, FL 33480 US**Title:** D () Delete
Name: HAGLUND, DAVE D
Address: 1601 GEORGIA AVENUE
City-St-Zip: W. PALM BEACH, FL 33405 US**Title:** DS () Delete
Name: ZULLO, ALLAN DS
Address: 17 BERWICK RD.
City-St-Zip: PALM BCH GARDENS, FL 33418 US**Title:** D () Delete
Name: MORTON, NACY D
Address: 7373 E. IOWA
City-St-Zip: DENVER, CO 80231 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NIXON S. GRIFFIS

PD

04/18/2004

Electronic Signature of Signing Officer or Director

Date