

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90002 009 ****61.25

DOCUMENT # N01000002123

1. Entity Name

FOR BRIGHT KIDS, INC.



Principal Place of Business

12992 CHETS CREEK DR. N.
JACKSONVILLE FL 32224

Mailing Address

PO BOX 16175
JACKSONVILLE FL 32245

54024142



MOORE CR2E037 (11/03)

2. Principal Place of Business

4224 LEeward POINT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

City & State

4. FEI Number

31-1789095

Applied For

Not Applicable

Zip

32225

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSSARD, DELBERT G
12992 CHETS CREEK DR. N.
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

MARSHALL, ALAN M

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

4224 LEeward POINT

City

JACKSONVILLE

FL

Zip Code

32225

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME POWELL, VICKIE
STREET ADDRESS 12986 HARBORTON DR
CITY-ST-ZIP JACKSONVILLE FL 32241

TITLE VP ☐ Delete
NAME DE VAUGH, CONSTANCE
STREET ADDRESS 2654 LOWELL AVE.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE SD ☐ Delete
NAME HARRIS, BARBARA
STREET ADDRESS 2005 WOODLEIGH DR.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Delete
NAME MULLAREY, PAM
STREET ADDRESS 14149 PINE ISLAND DR
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE TD ☐ Delete
NAME BUSSARD, DELBERT G
STREET ADDRESS 12332 CHETS CREEK DR. N.
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Delete
NAME SPRINKLE, SHIRLEY
STREET ADDRESS 10176 HERDON RD.
CITY-ST-ZIP JACKSONVILLE FL 32246

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition
NAME MARSHALL, ALAN M
STREET ADDRESS 4224 LEeward POINT
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☒ Change ☐ Addition
NAME BUSSARD, DELBERT G
STREET ADDRESS 12332 CHETS CREEK DR. N.
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DELBERT G BUSSARD 3/3/04 904992-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #