

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90076 008 ****61.25

DOCUMENT # N01000003526

1. Entity Name

KIDS KICKIN' FOR CHRIST, INC.

Principal Place of Business

Mailing Address

**8808 SE RIGDON WAY
 HOBE SOUND FL 33455**

**PO BOX 750
 HOBE SOUND FL 33475**

2. Principal Place of Business

3. Mailing Address

8808 SE Rigdon Way
 Suite, Apt. #, etc.

P.O. Box 750
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Hobe Sound, FL

Hobe Sound, FL

4. FEI Number

65-1098169

Applied For

Not Applicable

Zip

Country

Zip

Country

33455

USA

33475-0750

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**DEETS, BARRY M ESQ
 7000 SE FEDERAL HWY STE 310
 STUART FL 34997**

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DP MORRIS, STEPHEN**
 STREET ADDRESS **8808 SE RIGDON WAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE ☐ Delete
 NAME **DST MORRIS, BRIANNE**
 STREET ADDRESS **8808 SE RIGDON WAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE ☐ Delete
 NAME **D CANCIO, JOSE**
 STREET ADDRESS **3445 SW SUNSET TRACE CIRCLE**
 CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

361-545-3752

Daytime Phone #

CR2E037 (9/01)