

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

DOCUMENT # N01000003526

1. Entity Name

KIDS KICKIN' FOR CHRIST, INC.



FILED
05 FEB 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6566 SE FEDERAL HWY
STUART FL 34997

Mailing Address
6566 SE FEDERAL HWY
STUART FL 34997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1098169

Applied For

Not Applicable

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

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

Name STEVE MORRIS
Street Address (P.O. Box Number is Not Acceptable)
5782 SE CABLE DR.

City STUART FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5782 SE CABLE DR
CITY-ST-ZIP STUART, FL. 34997

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5782 SE CABLE DR
CITY-ST-ZIP STUART, FL. 34997

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Stephen Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05