

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90182 011 ***150.00

DOCUMENT # N01000003526

1. Entity Name

KIDS KICKIN' FOR CHRIST, INC.



Principal Place of Business
6566 SE FEDERAL HWY
STUART FL 34997

Mailing Address
6566 SE FEDERAL HWY
STUART FL 34997

JUU40241



1st MOORE CR2E037 (10/04)

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~~

REMOVE

Name **BRIANNE MORRIS**

Street Address (P.O. Box Number is Not Acceptable)
5782 SE CABLE DRIVE

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/28/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
MORRIS, STEPHEN
5782 SE CABLE DR.
STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DST
MORRIS, BRIANNE
5782 SE CABLE DR.
STUART FL 34997 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2005 772-546-2141

Date

Daytime Phone #