

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90040 032 ****61.25

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

2. Principal Place of Business - No P.O. Box #

6566 SE Federal Hwy.

Suite, Apt. #, etc.

N/A

3. Mailing Address

(Same)

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34997

Country

USA.

Zip

Country

4. FEI Number

65-1098169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

MORRIS, BRIANNE
5782 SE CABLE DR
STUART FL 34997

7. Name and Address of New Registered Agent

Name N/A

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

City

N/A

FL

Zip Code

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

N/A

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, 2008

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

(772) 283-2005