

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90147 035 ****61.25

DOCUMENT # N01000003526

1. Entity Name
KIDS KICKIN' FOR CHRIST, INC.



Principal Place of Business

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

Mailing Address

**PO BOX 750
HOBE SOUND FL 33475**

2. Principal Place of Business

6566 SE Federal Hwy.

Suite, Apt. #, etc.

N/A

City & State

Stuart, FL

Zip

34997

Country

U.S.A.

3. Mailing Address

6566 SE Federal Hwy.

Suite, Apt. #, etc.

N/A

City & State

Stuart, FL

Zip

34997

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

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

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

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

TITLE **D** ☐ Delete
NAME **CANCIO, JOSE**
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
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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:

BRIANNE MORRIS

1-17-03

772-546-6706

CR2E037 (10/02)