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

DOCUMENT # N0100003526

1. Entity Name

KIDS KICKIN' FOR CHRIST, INC.

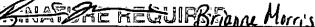


FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90147 035 ****61.25

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 (SCIO SE Federal Hwy. Suite, Apt. #, etc.		3. Mailing Address (0566 SE Federal Hwy. Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State Stuart, FL		Stuart, FL	<u>.</u>		4. FEI Number 65-1098169			oplied For
3499	Country	34997	Country U.S.1	Α.	5. Certificate of Sta	atus Desired [\$8.75 Add	ditional
DEETS, BARRY M ESQ 7000 SE FEDERAL HWY STE 310 STUART FL 34997				Name Street Address (P.O. Box Number is Not Acceptable) City				
The above named entity submits this statement for the purpose of changing its registered of					ed agent, or both, in	the State of Florida	ru	
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 File Trust Fund Contribution				g 🗆	\$5.00 May Be Added to Fees		Check Payable Department of S	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, STEPHEN 8808 SE RIGDON WAY HOBE SOUND FL 33455	☐ Delete	TITLE NAME - STREET ADDRE CITY-ST-ZIP	ss			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORRIS, BRIANNE 8808 SE RIGDON WAY HOBE SOUND FL 33455	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANCIO, JOSE 3445 SW SUNSET TRACE CIRCLE PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	38			☐ Change	Addition

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:



772-546-6706