

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N01000004786**

FILED

02 OCT 14 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**KIDS IN NEED OF FAMILIES OFFERING LOVE, KINDNESS AND SUPPORT, INC.**

Principal Place of Business <b>5351 9TH STREET SOUTH ST. PETERSBURG FL 33705</b>	Mailing Address <b>5351 9TH STREET SOUTH ST. PETERSBURG FL 33705</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>REDDICK, TRACIE</b> <b>5351 9TH STREET SOUTH</b> <b>ST. PETERSBURG FL 33705</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REDDICK, TRACIE</b>			NAME			
STREET ADDRESS	<b>5351 9TH STREET SOUTH</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOSTOCK, NANCY</b>			NAME			
STREET ADDRESS	<b>4124 BEACH DRIVE S E</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FOSTER, WINNIE</b>			NAME			
STREET ADDRESS	<b>311 57TH AVENUE SOUTH</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRITT, LOUNELL</b>			NAME			
STREET ADDRESS	<b>2335 22ND AVENUE SOUTH</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TOWNSEND, BRENDA</b>			NAME			
STREET ADDRESS	<b>4202 E. FOWLER AVENUE, EDU 162</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33620</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VAZ, KIM</b>			NAME			
STREET ADDRESS	<b>4202 E. FOWLER AVENUE, EDU 162</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33620</b>			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: SIGNATURE REQUIRED Date: 9/10/02 Daytime Phone # \_\_\_\_\_

CR2E037 (4/02)