

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000004786**

1. Entity Name

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

Principal Place of Business

5351 9TH STREET SOUTH
ST. PETERSBURG FL 33705

Mailing Address

5351 9TH STREET SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

REDDICK, TRACIE
5351 9TH STREET SOUTH
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME REDDICK, TRACIE
STREET ADDRESS 5351 9TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705TITLE ☐ Delete
NAME BOSTOCK, NANCY
STREET ADDRESS 4124 BEACH DRIVE S E
CITY-ST-ZIP ST. PETERSBURG FL 33705TITLE ☐ Delete
NAME FOSTER, WINNIE
STREET ADDRESS 311 57TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705TITLE ☒ Delete
NAME BRITT, LOUNELL
STREET ADDRESS 2335 22ND AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712TITLE ☐ Delete
NAME TOWNSEND, BRENDA
STREET ADDRESS 4202 E. FOWLER AVENUE, EDU 162
CITY-ST-ZIP TAMPA FL 33620TITLE ☐ Delete
NAME VAZ, KIM
STREET ADDRESS 4202 E. FOWLER AVENUE, EDU 162
CITY-ST-ZIP TAMPA FL 33620

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/02

CR2E037 (4/02)