

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004786

FILED  
Apr 20, 2005  
Secretary of State

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

**Current Principal Place of Business:**

5351 9TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

1735 MARTIN LUTHER KING STREET SOUTH  
132  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

5351 9TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

P.O. BOX 13462  
ST. PETERSBURG, FL 33733

**FEI Number:** 84-1653826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REDDICK, TRACIE  
Address: 5351 9TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: BOSTOCK, NANCY  
Address: 4124 BEACH DRIVE S E  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: FOSTER, WINNIE  
Address: 311 57TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D (X) Delete  
Name: TOWNSEND, BRENDA  
Address: 4202 E. FOWLER AVENUE, EDU 162  
City-St-Zip: TAMPA, FL 33620

Title: D (X) Delete  
Name: VAZ, KIM  
Address: 4202 E. FOWLER AVENUE, EDU 162  
City-St-Zip: TAMPA, FL 33620

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACIE REDDICK

DIR

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date