

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 008 ****61.25

DOCUMENT # N01000004786					
1. Entity Name KIDS IN NEED OF FAMILIES OFFERING LOVE, KINDNESS AND SUPPORT, INC.					
Principal Place of Business 4755 MARTIN LUTHER KING STREET SOUTH ST. PETERSBURG, FL 33705			Mailing Address P.O. BOX 13462 ST. PETERSBURG, FL 33733		
2. Principal Place of Business 1111-18th Ave S Suite, Apt. #, etc. 9B		3. Mailing Address Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State		4. FEI Number 84-1653826	
Zip 33705		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME REDDICK, TRACIE STREET ADDRESS 5351 9TH STREET SOUTH CITY-ST-ZIP ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BOSTOCK, NANCY STREET ADDRESS 4124 BEACH DRIVE S E CITY-ST-ZIP ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FOSTER, WINNIE STREET ADDRESS 311 57TH AVENUE SOUTH CITY-ST-ZIP ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____					