


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90047 017 ****70.00

DOCUMENT # N01000004786

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



Principal Place of Business
5351 MARTIN LUTHER KING STREET SOUTH SAINT PETERSBURG, FL 33705 US

Mailing Address
5351 MARTIN LUTHER KING STREET SOUTH SAINT PETERSBURG, FL 33705 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
84-1653826

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REDDICK, TRACIE
5351 MARTIN LUTHER KING 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REDDICK, TRACIE	
STREET ADDRESS	5351 9TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, LYDIA	
STREET ADDRESS	1111 18TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, KEN	
STREET ADDRESS	1444 18TH AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, CHERYL	
STREET ADDRESS	1111 18TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3900 8th Ave S	
CITY-ST-ZIP	St Pete, FL 33711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 17th Ave S	
CITY-ST-ZIP	St Pete, FL 33711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1001 62nd Plaza	
CITY-ST-ZIP	St Pete, FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: J M **3/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #