2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000004786

SIGNATURE:

KIDS IN NEED OF FAMILIES OFFERING LOVE,



FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90047 017 ****70.00

Daytime Phone #

| KINDNESS AND SUPPORT, INC. | | | | | | | N. C. | | | | | | |
|--|---------------------------------|--|---|---------------------|------|---|---|---|---|------------------------------|---------------------------|-----------------------------|--|
| Principal Place 5351 MARTIN SAINT PETER | N LUTHER KI | ING STREET SOUTH | ing Address 51 Martin Luther King Street South NT Petersburg, FL 33705 US | | | | AL ALMAN MARIN AARIS WAR | II SOMI GOMI EI | o f (2001 1 1)/ 1 (|) [n a: 1 1 | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 03112008 | Chg-NP | CR2E0 | 37 (12/06) | | |
| City & State | | | City & State | | | | | 4. FEI Number 84-16538 | 26 | | | pplied For ot Applicable | |
| Zip Country | | | Zij | Zip Cou | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | dition s! - ed | | | |
| | 6. Name | and Address of Current | Registere | d Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| REDDICK, TRACIE 5351 MARTIN LUTHER KING STREET SOUTH ST. PETERSBURG, FL 33705 | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | City | | | | FL | Zip Coo | de | |
| B. The observe | | . s. besite this statement for | rod agent or both in | n the State of Ele | | familiar with | and accept | | | | | | |
| 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 | | | | | | | | | | | | | |
| | - " | | - | | - | | | | 1 | n ann g | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fina Trust Fund Contribution | | | | | | | | \$5.00 May Be Added to Fees | | | k payable t tment of S | | |
| 10. | | OFFICERS AND DIF | RECTORS | | 11. | | | ADDITIONS/CHANG | GES TO OFFICE | RS AND DI | RECTORS I | N 10 | |
| TITLE | D | | | ☐ Delete | TRTL | E | | | | | ☐ Change | Addition | |
| NAME | REDDICK | • | NAM | | | | | | | | | | |
| STREET ADDRESS | | | | STRE | | | | | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33705 | | | | | | | | | | | | |
| TITLE NAME | BROWN, LYDIA | | | ☐ Delete TIT | | | | | | | ∠ Change | ☐ Addition | |
| STREET ADDRESS | · | | | | | | | 00 8Th A | ح ک | | | | |
| CITY-ST-ZIP | 1 | | | | | Y-ST-ZIP ST | | 00 8Th A | +77/ | 1 | | | |
| TITLE | V ~ | | ☐ Delete | | TITL | E | , . | | | <u></u> | ☐ Change | Addition | |
| NAME | MARTIN, KEN | | N | | NAM | ME , _ | | O 17th A | | | | | |
| STREET ADDRESS | ŀ | I AVE: SOUTH | | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | RSBURG, FL 33705 | | | CITY | '-ST-ZIP | St | Pole, F1 | 33711 | | | | |
| TITLE | P | | | ☐ Delete | TITL | | | | | | ☆ Change | Addition | |
| NAME | GREEN, C | HERYL HAVENUE SOUTH | | | NAM | ie Eet address | | 1 12 1 10/1 | (a | | | | |
| STREET ADDRESS CITY-ST-ZIP | | RSBURG, FL 33705 | | | | -ST-ZIP | 100 | 1 62nd Pla | | | | | |
| TITLE | Q1.1 E1E | 11000110,72 00700 | | ☐ Delete | TITL | | <u>ا د</u> | 100,11 | 33703 | | ☐ Change | ☐ Addition | |
| NAME | | | | La Delete | NAM | | | | | | onlange | | |
| STREET ADDRESS | | | | | STRE | EET ADORESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY | '-ST-ZIP | - | | | | | | |
| TITLE | | | | ☐ Delete | TITU | ε ' | | | | | ☐ Change | ☐ Addition | |
| NAME | 1 | | | | NAM | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | | | | EET ADDRESS '-ST-ZIP | | | | | | | |
| | 2016.15.15.15 | o information avended with | thio filic - | door not avality to | | | otoissa | t in Chanter 110. Fl | orida Statutas I | further oor | tifu that the | information . | |
| indicated of the cor | on this repor poration or th | 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. | | | | | | | | | | | |

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR