

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90016 046 ****61.25

DOCUMENT # N02000000247

1. Entity Name

TEACHERS AND KIDS - KIDS AND TEACHERS, INC.



Principal Place of Business

Mailing Address

200 SOLAHA ROAD
PONTE VEDRA BCH FL 32082

PO BOX 757
PONTE VEDRA BCH FL 32004

2. Principal Place of Business - No P.O. Box #

111-B SOLAHA RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

City & State

Zip

32004

Country

USA

Zip

Country

4. FEI Number

80-0033994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

BANYAS, WAINE M
200 SOLAHA RD.
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

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

111 SOLAHA ROAD Suite 1-B

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	TRUS	<input type="checkbox"/> Delete
NAME	BANYAS, WAINE M	
STREET ADDRESS	PO BOX 757	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32004	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	BANYAS, FRANCES T	
STREET ADDRESS	PO BOX 757	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32004	
TITLE	TRUS	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DOTTYE	
STREET ADDRESS	PO BOX 757	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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 Section 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

2-26-07

904 275 5774

Date

Daytime Phone #