

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000603

FILED
Apr 13, 2006
Secretary of State

Entity Name: KID'S INTERVENTION TEAM, INC.

Current Principal Place of Business:

4456 SWEETLEAF LN.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 10641
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 03-0405279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN, KRISTIN A
4456 SWEETLEAF LN.
TALLAHASSEE, FL 32303 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: JENKINS, CONNIE
Address: 234 E 7TH AVE.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: BILLUPS, NORMA A
Address: 234 E 7TH AVE.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: GODWIN, STEPHEN
Address: 4456 SWEETLOAF LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MATTHEWS, TRICIA
Address: 2532 SPRINGFOREST RD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: JOHNSON, MAY R
Address: 19651 BRUCE B. DOWNS BLVD., A1
City-St-Zip: TAMPA, FL 33647 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: GODWIN, KRISTIN A
Address: 4456 SWEETLEAF LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: K.A. GODWIN

D

04/13/2006

Electronic Signature of Signing Officer or Director

Date