# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# N02000002053

**Entity Name:** KENYA YOUTH, EDUCATION, AND COMMUNITY DEVELOPMENT PROGRAM, INC.

**Current Principal Place of Business:**

PO BOX 150549
ALTAMONTE SPRINGS, FL 32715

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150549
ALTAMONTE SPRINGS, FL 32715

**New Mailing Address:**

**FEI Number: 03-0427351** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIMERIA, SUSAN
122 HOLLYHOCK DR
ALTAMONTE SPRINGS, FL 32701 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: P ( ) Delete
Name: KIMERIA, SUSAN
Address: 122 HOLLYHOCK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ST ( ) Delete
Name: KIMERIA, CHARLES
Address: 122 HOLLYHOCK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ST ( ) Delete
Name: MOSS, NORMAN S
Address: 4781 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: ST ( ) Delete
Name: ANDREWS, CATHERINE J
Address: 4910 LAKE GATLIN WOODS COURT
City-St-Zip: ORLANDO, FL 32806

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMERIA, SUSAN P 04/27/2004

Electronic Signature of Signing Officer or Director — Date