

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002132

FILED  
Feb 04, 2005  
Secretary of State

Entity Name: KIDS INC. OF LAKE COUNTY

## Current Principal Place of Business:

1333 E. 3RD. AVE  
MOUNT DORA, FL 32757

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 34  
MOUNT DORA, FL 32756

## New Mailing Address:

FEI Number: 59-3101574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STEVENS, SUZANNE R  
1333 E. 3RD. AVE.  
MOUNT DORA, FL 32757      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: PD ( ) Delete  
Name: DAY, LINDA  
Address: 13955 SOUTHEAST 53RD. TERR  
City-St-Zip: SUMMERFIELD, FL 34491

Title: TD ( ) Delete  
Name: GILMORE, EDITH M  
Address: 101 GRANT AVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete  
Name: PARROTT, LINDA  
Address: 1604 ALAN DR  
City-St-Zip: EUSTIS, FL 32726

Title: ED ( ) Delete  
Name: STEVENS, SUZANNE  
Address: 1535 E 3RD AVE  
City-St-Zip: MT DORA, FL 32706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: DAY, LINDA  
Address: 13955 SOUTHEAST 53RD. TERR  
City-St-Zip: SUMMERFIELD, FL 34491

Title: PR (X) Change ( ) Addition  
Name: JOHNSON, RONNI  
Address: 19004 CRANCE RD  
City-St-Zip: ALTOONA, FL 32702

Title: V-PR (X) Change ( ) Addition  
Name: DUPUIS, LINDA  
Address: 702 BALMORAL CIR  
City-St-Zip: LEESBURG, FL 34748

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: SUZANNE STEVENS

ED

02/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date