

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006234

Entity Name: KIDS RESCUE, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

11501 FAITH CIRCLE #13
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

11501 FAITH CIRCLE #13
TAMPA, FL 33625

New Mailing Address:

FEI Number: 41-2055476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASEE, BONNIE R
11501 FAITH CIRCLE #13
TAMPA, FL 33625

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: KASEE, BONNIE R
Address: 11501 FAITH CIRCLE #13
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: KASEE, BRUCE J
Address: 11501 FAITH CIRCLE #13
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: DOWELL, JONATHAN L
Address: 11424 CHILDRENS LANE #3A
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: SAILING, FLORA AN L
Address: 1708 STATE ROUTE 1245#3A
City-St-Zip: BEAVER DAM, KY 42320

Title: D () Delete
Name: HOWARD, JENNIFER L
Address: 30806 IVERSON DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

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:

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: BONNIE R KASEE

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date