

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90026 020 ****70.00

DOCUMENT # N02000006820

1. Entity Name
TAE KWON DO FOR AT-RISK KIDS, INC.



Principal Place of Business
**4021 S. DALE MABRY HIGHWAY
TAMPA, FL 33611**

Mailing Address
**4021 S. DALE MABRY HIGHWAY
TAMPA, FL 33611**



02122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0741645	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVENSON, DANIEL S
4021 S. DALE MABRY HIGHWAY
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEVENSON, DANIEL S 2607 CHELSEA MANOR BLVD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GILES, HENRY W 7004 COHASSET CIRCLE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTAUD, STEPHEN C 4003 S. WESTSHORE #2615 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISE PEYTON 4711 W. Vasconia Street TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDNEY G. MILES 3212 W. Fair Oaks TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Daniel S. Levenson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 813-835-5425
Date Daytime Phone #