


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90081 004 ****70.00

DOCUMENT # N02000007543

1. Entity Name
BLOOMING PLACE FOR KIDS, INC.



Principal Place of Business Mailing Address

**1108 COMMODORE STREET
CLEARWATER FL 33755** **1108 COMMODORE STREET
CLEARWATER FL 33755**

SAME *SAME*

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country **USA** Zip Country **USA**



CHECK HERE IF MAKING CHANGES

4. FEJ Number **#06-1650452** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ACTIVE FILINGS, LLC
10651 NE 11TH COURT
MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

Name **MARY JANICE YORK HOEN**
Street Address (P.O. Box Number is Not Acceptable) **1108 Commodore ST**
City **Clearwater, FL** Zip Code **33755**

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 *Mary Janice York Hoen* DATE **2-26-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Executive Director <input type="checkbox"/> Delete
NAME	MARY JANICE YORK HOEN
STREET ADDRESS	1108 Commodore Street
CITY-ST-ZIP	Clearwater, Florida 33755
TITLE	JAMES CALVIN HOEN <input type="checkbox"/> Delete
NAME	Director - Auto/Boat Donations
STREET ADDRESS	1108 Commodore Street
CITY-ST-ZIP	Clearwater, FL 33755
TITLE	Director - Communication & Marketing <input type="checkbox"/> Delete
NAME	Jeanne Norton
STREET ADDRESS	17622 Pasture Rd.
CITY-ST-ZIP	Odessa, FL 33556
TITLE	Director - Camp Counselor <input type="checkbox"/> Delete
NAME	Kauren Stull
STREET ADDRESS	1266 Dinnerbell Ln. E.
CITY-ST-ZIP	Dunedin, FL 34698
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mary Janice York Hoen* DATE: **2/26/03** ID: **927/445-9482**

CR2E037 (10/02)