

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90304 005 \*\*\*\*61.25

**DOCUMENT # N02000009635**

1. Entity Name

**CAMP K.I.D.S. FOUNDATION, INC,**



Principal Place of Business

**9746 POPLARWOOD CT  
ORLANDO FL 82825**

Mailing Address

**9746 POPLARWOOD CT  
ORLANDO FL 82825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**14-1863452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMONT & NEIMAN, P.A.  
ONE BISCAYNE TOWER STE 3550  
TWO S BISCAYNE BLVD  
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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  
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP  
**D EMMETT, LASLEE** ☒ Delete  
**9746 POPLARWOOD CT**  
**ORLANDO FL 82825**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D BLANCO, MEREDITH** ☒ Delete  
**THE LOT 1041 N FORMOSA AVE STE 101**  
**LOS ANGELES CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D LEVINE, ALAN** ☐ Delete  
**SOUTH BAY HOSPITAL 4016 ST RD 674**  
**SUN CITY CENTER FL 33573**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D FRIEDMAN, MATTHEW** ☐ Delete  
**1720 PEACHTREE ST STE 940**  
**ATLANTA GA 30309**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
**D**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
**D**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
**D ALAN Levine**  
**3241 Angel's clover St.**  
**Tallahassee FL 32309**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
**D MATTHEW Friedman**  
**1912 Tristram Dr.**  
**SMYRNA, GA 30080**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition  
**D & P SCOTT GOLDEN**  
**9746 POPLARWOOD CT**  
**ORLANDO FL 32825**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition  
**D RANDALL EMMETT**  
**8530 Wilshire Blvd Suite 420**  
**Beverly Hills, CA 90211**

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:** *Scott Golden* **SCOTT GOLDEN - Pres** **04/14/04** **(321)663-5207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #