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

DOCUMENT # N0200009635

1. Entity Name

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



FILED May 09, 2003 8:00 am § Secretary of State 05-09-2003 90138 019 ****61.25

				THE STREET				
Principal Place 9746 POPLARY ORLANDO FL	•-	Mailing Address 9746 POPLARWOOD C ORLANDO FL 82825	Т		1 1 03 141 01. B 11 3 011 3 11	8 (1 88 (1) 88 (1)		4 114 8 1 8 111 10 8 1
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State		4.	FEI Number 14	- 1863	452	
Zip	Country	Zip	Country	5.			¬ \$8.75 A	dditional
	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age Name						tered Agent	
1 - 1 - 1 TURE	The second secon		Name					
	& NEIMAN, P.A. CAYNE TOWER STE 3550		Street A	4. FEI Number 14-186 345 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) FL Zip Code or registered agent, or both, in the State of Florida. I am familiar with, and accept stature required when reinstating) DATE \$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
	BISCAYNE BLVD							
MIAMI FL	. 33131		City				FL Zip Co	ode
		for the purpose of changing	its registered office or	registered ag	ent, or both, in the S	State of Florida.	. I am familiar with	n, and accept
the obligat	ions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered age	nt and little if applicable, (NOTE: Hegistered Agent signatu	re required when re	einstating)		DATE	
ı	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.					
10.5	· OFFICERS AND D	DIRECTORS	11.	ADDIT	IONS/CHANGES T	O OFFICERS A	ND DIRECTORS	IN 10
TITLE	DC	□ Delete	TITLE	D.			☐ Change	Addition
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NAME	GOLDEN, SCOTT		NAME	CESCIEN				
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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 eath; that I am an efficer 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: