

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # N03000000478

1. Entity Name
KIDSCARE CHARITY FOUNDATION, INC.



Principal Place of Business
**2835 HARDWAY LN.
MALABAR, FL 32950**

Mailing Address
**2835 HARDWAY LN.
MALABAR, FL 32950**



05102007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
22-3892844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEHRMANN, JACQUELIN
2835 HARDWAY LN.
MALABAR, FL 32950**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000764528
05/30/07-80065-022 61.25

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BEHRMANN, JACQUELIN**
STREET ADDRESS **2835 HARDWAY LN.**
CITY-ST-ZIP **MALABAR, FL 32950**

TITLE **T**
NAME **MURRAY, VIVIAN**
STREET ADDRESS **3755 LAKEVIEW DR**
CITY-ST-ZIP **MICCO, FL 32976**

TITLE **M**
NAME **BEAUBIEN, FONTANA**
STREET ADDRESS **2835 HARDWAY LN.**
CITY-ST-ZIP **MALABAR, FL 32950**

TITLE **M**
NAME **FERTIL, SR, CHADRAK**
STREET ADDRESS **225 5TH AVE**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **VP**
NAME **GRANDOIT, HIRAM O**
STREET ADDRESS **2252 GEASBERN CIR**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #