

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000478

FILED
Apr 05, 2011
Secretary of State

Entity Name: KIDSCARE CHARITY FOUNDATION, INC.

Current Principal Place of Business:

2835 HARDWAY LN.
MALABAR, FL 32950

New Principal Place of Business:

Current Mailing Address:

2835 HARDWAY LN.
MALABAR, FL 32950

New Mailing Address:

FEI Number: 22-3892844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BEHRMANN, JACQUELIN M
2835 HARDWAY LN.
MALABAR, FL 32950 US

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.

SIGNATURE: JACQUELIN BEHRMANN

04/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BEHRMANN, JACQUELIN M
Address: 2835 HARDWAY LN.
City-St-Zip: MALABAR, FL 32950

Title: M
Name: BEAUBIEN, FONTANA
Address: 2835 HARDWAY LN.
City-St-Zip: MALABAR, FL 32950

Title: M
Name: FERTIL, SR, CHADRAK
Address: 225 5TH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: M
Name: BEHRMANN, ISABEL
Address: 2835 HARDWAY LN.
City-St-Zip: MALABAR, FL 32950

Title: M
Name: JACQUELIN BEHRMANN
Address: 2835 HARD WAY LANE
City-St-Zip: MALABAR, FL 32950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELIN BEHRMANN

P

04/05/2011

Electronic Signature of Signing Officer or Director

Date