

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001062

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** KISSING COUSINS CHARITY ORGANIZATION, INC.

**Current Principal Place of Business:**

4010 W. LEMON ST.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4010 W. LEMON ST.  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 32-0059630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TESTA, PHILIP J SR  
4726-B N. LOIS AVE.  
TAMPA, FL FL US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MONGIOVI, RICHARD J JR  
**Address:** 4010 LEMON ST.  
**City-St-Zip:** TAMPA, FL 33609

**Title:** VP  
**Name:** MONGIOVI, MELISSA  
**Address:** 4010 LEMON ST.  
**City-St-Zip:** TAMPA, FL 33609

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:** MELISSA MONGIOVI

VP

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date