


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90660 014 ****61.25

DOCUMENT # N03000001257 1. Entity Name KIDS ARE OUR FUTURE, INC.					
Principal Place of Business 3003 HEMINGWAY CIRCLE HAINES CITY, FL 33844			Mailing Address 3003 HEMINGWAY CIRCLE HAINES CITY, FL 33844		
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 54-2098522	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHISON, ANTHONY J 3003 HEMINGWAY CIRCLE HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHISON, ANTHONY J	NAME			
STREET ADDRESS	3003 HEMINGWAY CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHISON, GWENDOLYN D	NAME			
STREET ADDRESS	3003 HEMINGWAY CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHISON, ELTON J	NAME			
STREET ADDRESS	3003 HEMINGWAY CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENKINS, DEBORAH	NAME			
STREET ADDRESS	3003 HEMINGWAY CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENDEFO, VIKI	NAME			
STREET ADDRESS	3003 HEMINGWAY CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINGLE, BEVERLY	NAME			
STREET ADDRESS	3003 HEMINGWAY CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP			
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: <i>Anthony Hutchison</i> 4-27-04 863-6043017 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					