
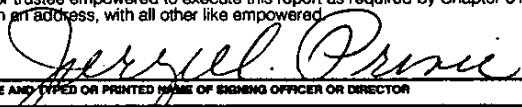


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90194 026 ****70.00

DOCUMENT # N03000003214 1. Entity Name GREATER SARASOTA'S GREAT KIDS!, INC.					
Principal Place of Business 2674 MARTIN LUTHER KING JR. WAY SARASOTA, FL 34234 SA			Mailing Address 2674 MARTIN LUTHER KING JR. WAY SARASOTA, FL 34234 SA		
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 55-0825283				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, EDWIN L PA 1605 MAIN STREET SUITE 612 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Ford, Edwin L PA Street Address (P.O. Box Number is Not Acceptable) 107 S. Osprey Avenue, Suite 210 City Sarasota FL Zip Code 34236		
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, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACCABE, THOMAS B		NAME	Nicholas J. Drizos	
STREET ADDRESS	284 SUGARMILL DRIVE		STREET ADDRESS	1830 S. Osprey Ave. Suite 102	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINS, LUTHER		NAME	Jerry W. Prince	
STREET ADDRESS	P.O. BOX 3243		STREET ADDRESS	615 Lehigh Rd	
CITY-ST-ZIP	SARASOTA, FL 34230		CITY-ST-ZIP	Venice, FL 34239	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, HOWARD		NAME	Robert Atkins	
STREET ADDRESS	5388 MYRTLEWOOD COURT		STREET ADDRESS	2674 Dr. Martin Luther King Jr. Way	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP	Sarasota, FL 34234	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  4/22/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					