

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003214

FILED
Apr 21, 2006
Secretary of State

Entity Name: GREATER SARASOTA'S GREAT KIDS!, INC.

Current Principal Place of Business:

2674 MARTIN LUTHER KING JR. WAY
SARASOTA, FL 34234

New Principal Place of Business:

2839 HILLVIEW ST.
SARASOTA, FL 34239

Current Mailing Address:

2674 MARTIN LUTHER KING JR. WAY
SARASOTA, FL 34234

New Mailing Address:

2839 HILLVIEW ST.
SARASOTA, FL 34239

FEI Number: 55-0825283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, EDWIN L PA
107 S OSPREY AVE, STE 210
SARASOTA, FL 34236 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 () Delete
Name: MACCABE, THOMAS B
Address: 284 SUGARMILL DRIVE
City-St-Zip: OSPREY, FL 34229

Title: SVD () Delete
Name: WILKINS, LUTHER
Address: P.O. BOX 3243
City-St-Zip: SARASOTA, FL 34230

Title: T () Delete
Name: DRIZOS, NICHOLAS J
Address: 1830 S OSPREY AVE, STE 102
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: PRINIE, JERRY W
Address: 615 LEHIGH RD
City-St-Zip: VENICE, FL 34239

Title: S () Delete
Name: ATKINS, ROBERT
Address: 2674 DR M. L. KING, JR. WAY
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ATKINS, ROBERT
Address: 2839 HILLVIEW ST.
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS MACCABE

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date