

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006070

FILED
Aug 16, 2004
Secretary of State**Entity Name:** POSITIVE KIDS, INCORPORATED**Current Principal Place of Business:**1765 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233**New Principal Place of Business:****Current Mailing Address:**1765 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233**New Mailing Address:****FEI Number:** 43-2019629**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DYAL, MARYANN
1765 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233**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:** CD () Delete
Name: STONE, CAROLYN
Address: 210 14 STREET
City-St-Zip: ATLANTIC BEACH, FL 32233**Title:** CD () Delete
Name: SINGLETARY, TERESA
Address: 2410 FALLEN TREE DR W
City-St-Zip: JACKSONVILLE, FL 32246**Title:** TD () Delete
Name: FUNKHOUSER, GENE
Address: 12921 WAX MYRTLE LANE
City-St-Zip: JACKSONVILLE, FL 32246**Title:** D () Delete
Name: FUNKHOUSER, CINDY
Address: 12921 WAX MYRTLE LAEN
City-St-Zip: JACKSONVILLE, FL 32246**Title:** D () Delete
Name: DYAL, MARYANN
Address: 1765 SEMINOLE ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233**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
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CINDY FUNKHOUSER

D

08/16/2004

Electronic Signature of Signing Officer or Director_____
Date