

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


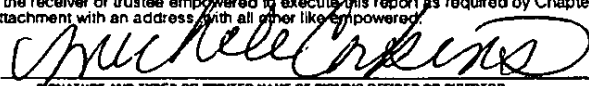
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Jun 03, 2005 8:00 am
Secretary of State

04-29-2005 90221 031 ****61.25

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1st MOORE CR2E037 (10/04)

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|--|---|---|---|
| DOCUMENT # N03000008576 | |  | |
| 1. Entity Name KIDZ CONNECTION LEARNIG CENTER INC. | | | |
| Principal Place of Business 600 FORT SMITH DELTONA FL 32738 US | | Mailing Address 2877 FIFER DR. DELTONA FL 32738 US | |
| 2. Principal Place of Business | | 3. Mailing Address 600 Fort Smith Blvd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Deltona, FL | |
| Zip | Country | Zip | Country |
| 32738 | USA | 32738 | USA |
| 4. FEI Number 24-00755-26 | | APPLIED FOR <input checked="" type="checkbox"/> Applied For Not Applicable <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORKINS, THOMAS M 2877 FIFER DR. DELTONA FL 32738 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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)</small> DATE _____ | | | |
| FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP | P CORKINS, MICHELE M 2877 FIFER DR. DELTONA FL 32738 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CORKINS, THOMAS E 2877 FIFER DR. DELTONA FL 32738 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA BYRNS, PHYLLIS L 1338 TROLLMAN AVE DELTONA FL 32738 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM FINNEGAN, RENEE 146 SPRINGHURST CIR. LAKE MARY FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM SPARKS, GLORIA JEAN 3760 DROCHESTER DELTONA FL 32738 <input type="checkbox"/> Delete 200 Terrace Hill Blvd DeBary, FL 32713 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM GETCHELL, LAURA 2501 ARSLAN ST DELTONA FL 32738 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date: 4-25-05 386 Daytime Phone: 837-3372 | |