


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90039 040 \*\*\*\*61.25

<b>DOCUMENT # N04000001634</b> 1. Entity Name <b>BRAVO FOR KIDS, INC.</b>					
Principal Place of Business <b>41 SOUTH PALAFOX STREET PENSACOLA, FL 32502-5267</b>			Mailing Address <b>41 SOUTH PALAFOX STREET PENSACOLA, FL 32502-5267</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03282005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>34-1981013</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOLLARHIDE, WILLIAM 41 SOUTH PALAFOX STREET PENSACOLA, FL 32502-5267</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE --- NAME STREET ADDRESS CITY-ST-ZIP		PVST DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MCKINNON, DENIS A 707 NORTH 74TH AVENUE PENSACOLA, FL 32506		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HICKS, LARRY K 316 S. BAYLEN STREET #200 PENSACOLA, FL 32502		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DOLLARHIDE, MARGARET P 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267		<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> <i>Margaret P Dollarhide</i>		3/28/05		850-494-9898	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	