


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001634 1. Entity Name BRAVO FOR KIDS, INC.	
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Principal Place of Business 41 SOUTH PALAFOX STREET PENSACOLA, FL 32502-5267	Mailing Address 41 SOUTH PALAFOX STREET PENSACOLA, FL 32502-5267
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 34-1981013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOLLARHIDE, WILLIAM 41 SOUTH PALAFOX STREET PENSACOLA, FL 32502-5267	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, DENIS A 707 NORTH 74TH AVENUE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, LARRY K 316 S. BAYLEN STREET #200 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLARHIDE, MARGARET P 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000586558
01/16/07-80057-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 appointment with an address, with another like empowered.

SIGNATURE: *Margaret Dollarhide* Margaret Dollarhide 1/12/07 850-494-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #