## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007776

Entity Name: RUN 4 THE KIDS, INC

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

160 BERMUDA COURT 2338 MILLFORD LANE W

PONTE VERDA BEACH, FL 32082 US JACKSONVILLE, FL 32246 US

Current Mailing Address: New Mailing Address:

160 BERMUDA COURT 2338 MILLFORD LANE W

PONTE VERDA BEACH, FL 32082 US JACKSONVILLE, FL 32246 US

FEI Number: 80-0123095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAUFFMAN, ANDREA TRACY, WILLIAMS 180 THE GREENS WAY 453 BIG TREE RD.

707 PONTE VEDRA BEACH, FL 32082 US

JACKSONVILLE BEACH, FL 32250 US

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: TRACY WILLIAMS 02/06/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 SCHOTTEL, AMY
 Name:
 SCHOTTEL, AMY

 Address:
 5900 SKY POINTE DR.
 Address:
 2338 MILLFORD LANE W

 City-St-Zip:
 LAS VEGAS, NV 89130 US
 City-St-Zip:
 JACKSONVILLE, FL 32246 US

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMS, TRACY
 Name:

 Address:
 453 BIG TREE RD
 Address:

 City-St-Zip:
 PONTE VERDA BEACH, FL 32082 US
 City-St-Zip:

 Name:
 DORNAN, DANIEL
 Name:
 DORNAN, DANIEL

 Address:
 160 BERMUDA CT
 Address:
 38 DOLPHIN BLVD

City-St-Zip: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHOTTEL, LAURA
 Name:

 Address:
 1151 LOCUS ST UNIT 503
 Address:

 City-St-Zip:
 ST LOUIS, MO 63103 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AMY SCHOTTEL P 02/06/2009