

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

04-22-2005 90302 016 ---61.25

FILE NO 04000011720
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 PM 3:10

DOCUMENT # N04000011720

1. Entity Name

KITE'S FAMILY SERVICES FOR HUMANITY, INC.



Principal Place of Business

5303 ARCHSTONE DR., STE. 107
TAMPA FL 33634

Mailing Address

5303 ARCHSTONE DR., STE. 107
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3751757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KITE, JEROME M. PASTOR
5303 ARCHSTONE DR., STE. 107
TAMPA FL 33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$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	DP	<input type="checkbox"/> Delete
NAME	KITE, JEROME M.	
STREET ADDRESS	5303 ARCHSTONE DR., STE. 107	
CITY-STATE-ZIP	TAMPA FL 33634	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KITE, LAURA MAE	
STREET ADDRESS	10065 HIDDEN BRANCH DR. E.	
CITY-STATE-ZIP	JACKSONVILLE FL 32257	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KITE, THERESA A.	
STREET ADDRESS	5303 ARCHSTONE DR., STE. 107	
CITY-STATE-ZIP	TAMPA FL 33634	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KITE, JOSEPHINE	
STREET ADDRESS	9832 BILLINGSGATE LANE S.	
CITY-STATE-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Jerome M. Kite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11/05 813-887-1151

Date Daytime Phone #