

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002073

FILED
Apr 30, 2008
Secretary of State

Entity Name: KID'S COMMUNITY COLLEGE CHARTER SCHOOL, INC.

Current Principal Place of Business:

10544 LAKE SAINT CHARLES BOULEVARD
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10544 LAKE SAINT CHARLES BOULEVARD
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-2944814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE COMMITTEE FOR ACADEMIC EXCELLENCE, INC.
10544 LAKE SAINT CHARLES BOULEVARD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KILPATRICK, TIMOTHY B SR
Address: 10544 LAKE SAINT CHARLES BOULEVARD
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: BAKER, JEFFREY
Address: 10544 LAKE SAINT CHARLES BOULEVARD
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: CARLISLE, SHARON
Address: 10544 LAKE SAINT CHARLES BOULEVARD
City-St-Zip: RIVERVIEW, FL 33569

Title: MBR () Delete
Name: DONOVAN, COLLEEN
Address: 10544 LAKE SAINT CHARLES BOULEVARD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TIMOTHY B KILPATRICK, SR

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date