

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002073

FILED
Apr 14, 2009
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:

10530 LAKE ST.CHARLES BLVD.
RIVERVIEW, FL 33578

Current Mailing Address:

10544 LAKE SAINT CHARLES BOULEVARD
RIVERVIEW, FL 33569

New Mailing Address:

6152 DELANCEY STATION STREET
STE 105
RIVERVIEW, FL 33578

FEI Number: 20-2944814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 COMMITTEE FOR ACADEMIC EXCELLENCE, INC.
6152 DELANCEY STATION STREET
STE 105
RIVERVIEW, FL 33578 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:

04/14/2009

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: P (X) Change () Addition
Name: KILPATRICK, TIMOTHY B SR
Address: 10530 LAKE ST.CHARLES BLVD.
City-St-Zip: RIVERVIEW, FL 33578

Title: VP (X) Change () Addition
Name: WILLIAMS, NICOLE
Address: 10530 LAKE ST.CHARLES BLVD.
City-St-Zip: RIVERVIEW, FL 33578

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date