2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N05000002430

Entity Name: MENTORING FAMILIES AND KIDS INC.

Current Principal Place of Business:

11671 LADY CLARE COURT
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11671 LADY CLARE COURT
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 72-1597376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KING, MAE F
11671 LADY CLARE COURT
JACKSONVILLE, FL 32223 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: KING, MAE F
Address: 11671 LADY CLARE COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: VT ( ) Delete
Name: KING, RONNIE E DR.
Address: 11671 LADY CLARE COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: KING II, RONNIE
Address: 11671 LADY CLARE COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete
Name: JACKSON, CASEY
Address: 8085 SUMMER BAY CT
City-St-Zip: JACKSONVILLE, FL 32256

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: MAE F. KING PRES 02/03/2009
Electronic Signature of Signing Officer or Director — Date