2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000010453

Entity Name: K.I.D.S. FOUNDATION, INC.

Current Principal Place of Business:

4101 WEST LEONA STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130185
TAMPA, FL 336810185 01

New Mailing Address:

FEI Number: 72-1607336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, KECIA
4101 WEST LEONA ST.
TAMPA, FL 33629 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:	PRES	( ) Delete
Name:	RICHARDSON, KECIA	
Address:	4101 WEST LEONA ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	TREA	( ) Delete
Name:	RICHARDSON, HENRY	
Address:	4101 WEST LEONA ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	VP	( ) Delete
Name:	ST. AUBIN, JOSH	
Address:	10940 BRIGHTON COURT	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	SEC	( ) Delete
Name:	HODGE, PAMELA	
Address:	14034 LAKE POINT DRIVE	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	VP	( ) Delete
Name:	BOLES, WENDY R	
Address:	16601 VALLELY DRIVE	
City-St-Zip:	TAMPA, FL 33618	
Title:	VP	( ) Delete
Name:	STROH, CRYSTAL N	
Address:	2450 HERON TERRACE D-202	
City-St-Zip:	CLEARWATER, FL 33762	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	STROH, CRYSTAL N	
Address:	2730 BIA TIVOLI 332-B	
City-St-Zip:	CLEARWATER, FL 33764	

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: KECIA RICHARDSON PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date