

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000608

FILED
Jan 17, 2009
Secretary of State

Entity Name: THE CONDOS FOR KIDS FOUNDATION, INC.

Current Principal Place of Business:

13330 EMERALD COAST PKWY.
DESTIN, FL 32541

New Principal Place of Business:

437 CAPTAINS CIRCLE
DESTIN, FL 32541

Current Mailing Address:

755 GRAND BLVD. STE.B105 PMB#280
DESTIN, FL 32550

New Mailing Address:

437 CAPTAINS CIRCLE
DESTIN, FL 32541

FEI Number: 72-1610607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRENKLE, JASON B
437 CAPTAINS CIRCLE
DESTIN, FL 32541 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: PC () Delete
Name: SPRENKLE, JASON B
Address: 437 CAPTAINS CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: SPRENKLE, LYN T
Address: 437 CAPTAINS CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: MGRN (X) Delete
Name: WELLS, MISSY
Address: 13330 EMERALD COAST PKWY.
City-St-Zip: DESTIN, FL 32541

Title: D (X) Delete
Name: GROVE, HOLLY
Address: 303 CRANBROOK
City-St-Zip: ARDON, NC 28704

Title: D (X) Delete
Name: ADAMS, ALLEN
Address: 2048 W. CO. HWY. 30 A #107
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VC () Delete
Name: SPRENKLE, JEREMY
Address: 275 KETCH COURT
City-St-Zip: DESTIN, FL 32541

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
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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: JASON B SPRENKLE

PC

01/17/2009

Electronic Signature of Signing Officer or Director

Date