

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003786

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** AMIKIDS FAMILY SERVICES, INC.

**Current Principal Place of Business:**

922 SOUTHWEST BAYA DR  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

922 SOUTHWEST BAYA DR  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 20-4525491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HULL, DAVID J  
225 WATER STREET SUITE 1800  
JACKSONVILLE, FL 32202 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:** PD  
**Name:** STANDER, O.B.  
**Address:** 3915 BENJAMIN CENTER DR.  
**City-St-Zip:** TAMPA, FL 33634

**Title:** TD  
**Name:** GRIFFIN, WILLIAM L  
**Address:** 5915 BENJAMIN CENTER DR.  
**City-St-Zip:** TAMPA, FL 33634

**Title:** SD  
**Name:** ESTREN, JUDY L  
**Address:** 5915 BENJAMIN CENTER DR  
**City-St-Zip:** TAMPA, FL 33634

I hereby 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 all other like empowered.

**SIGNATURE:** O.B. STANDER

PD

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date