

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010022

FILED
Sep 02, 2008
Secretary of State

Entity Name: 4KIDS OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

8900 US HWY 19 NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

8900 US HWY 19 NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TEEL, THOMAS E
8900 US HWY 19 NORTH
PINELLAS PARK, FL 33782 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BABB, JOHN H
Address: 8900 US HWY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: CORRY, ROBERT D
Address: 3785 105TH AVE N
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: BROWN, BRUCE
Address: 7077 129TH STREET N
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: TEEL, THOMAS E
Address: 1125 ALCAZAR WAY
City-St-Zip: ST PETERSBURG, FL 33705

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: THOMAS E. TEEL

MR

09/02/2008

Electronic Signature of Signing Officer or Director

Date