## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007695

Title:

Name:

Address:

City-St-Zip:

FILED Apr 10, 2009 Secretary of State

					,		
Entity Na	me: KIDS COL	JNT IN ALACHUA COUNTY, I	NC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
2512 NE 1ST BLVD, SUITE 400 GAINESVILLE, FL 32609			2334 NW 13TH PLACE GAINESVILLE, FL 32605				
Current Mailing Address:			New Mailing Address:				
PO BOX 3 GAINESVI	58272 LLE, FL 32635						
FEI Number	: 26-0841293	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desi	ired()	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
ENWALL, 4110 NW : GAINESVI	PETER C 37TH PLACE, S LLE, FL 32606	SUITE B US					
The above in the State	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	d office or registered agen	ıt, or both,	
SIGNATUI	RE:						
	Electron	ic Signature of Registered Age	nt		Date		
OFFICER	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () NIMALENDRAN 2211 NW 20TH GAINESVILLE, I	TERRACE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	WALSH, NAM 2715 NW 52			
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SIMONTON, 2334 NW 13			
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	BEACH, KIM 2851 SW 92			

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.

Title:

Name:

Address:

City-St-Zip:

SEC

SMITH, ARIANNE

6212 NW 24TH LANE

GAINESVILLE, FL 32606

SIGNATURE: KIMBERLY BEACH TRES 04/10/2009

() Delete

( ) Change (X) Addition