

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008124

FILED
Apr 30, 2009
Secretary of State

Entity Name: KIX 4 KIDZ, INC

Current Principal Place of Business:

8804 CHESTERTON PL
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

8804 CHESTERTON PL
TAMPA, FL 33635

New Mailing Address:

FEI Number: 26-0942477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTCHER-SMITH, SUSAN
10208 CUTLEN GREEN CT
TAMPA, FL 33615 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: P () Delete
Name: OWENS, KIMBERLY
Address: 8804 CHESTERTON PL
City-St-Zip: TAMPA, FL 33635

Title: V () Delete
Name: LASTRA, DALIA
Address: 8942 EASTMAN DR
City-St-Zip: TAMPA, FL 33626

Title: S () Delete
Name: ADKINS, JOY
Address: 4310 RENELLIE DR
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: PAIGE, BETHORIA
Address: 11527 CASE MARINA WAY
City-St-Zip: TAMPA, FL 33635

Title: SC () Delete
Name: COLLINS, AILEEN
Address: 8335 DRYCREEK DR.
City-St-Zip: TAMPA, FL 33615

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:

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: KIMBERLY OWENS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date