

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90036 050 ****70.00

DOCUMENT # N07000012181					
1. Entity Name KOMPUTERS FOR KIDS COMMUNITY OUTREACH OF SW FLORIDA, INC.					
Principal Place of Business 311 COLGATE AVE LEHIGH ACRES, FL 33936			Mailing Address 311 COLGATE AVE LEHIGH ACRES, FL 33936		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 730 Wilson Rd.		3. Mailing Address Suite, Apt. #, etc. P.O. Box 507			
City & State Labelle, FL		City & State Labelle, FL		4. FEI Number 11-3835333	
Zip 33935		Country Hendry		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIDER, ANTHONY 311 COLGATE AVE LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent Name: Heider, Anthony Street Address (P.O. Box Number is Not Acceptable): 730 Wilson Road City: Labelle FL Zip Code: 33935		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Anthony R. Heider</i> - Registered Agent / President, Komputers for Kids, COOSWF, Inc. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEIDER, ANTHONY 311 COLGATE AVE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Heider, Anthony 730 Wilson Rd. Labelle, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILHELM, WALTER 311 COLGATE AVE LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-VP Robert K. Garrett 730 Wilson Road Labelle, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILHELM, DEBRA 311 COLGATE AVE LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-ST Margaret Garrett 730 Wilson Road Labelle, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Anthony R. Heider</i> DP / <i>Anthony R. Heider, Director / President</i> 943-517-2782 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

60024875
107000012181

002585.415462.0009.001 1 MB 0.360 532

|||||

KOMPUTERS FOR KIDS COMMUNITY
% ANTHONY HEIDER
311 COLGATE AVE
LEHIGH ACRES FL 33936

Date of this notice: 02-08-2008

Employer Identification Number:
11-3835333

Form: SS-4

Number of this notice: CP 575 F

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

595

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 11-3835333. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 or Form 1024, Application for Recognition of Exemption and send to:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.