2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001057

Entity Name: THE GREAT KIDS FOUNDATION, INC.

FILED Mar 24, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
50 S. YON	GE ST	
ORMOND	BEACH, FL 32174 US	
Current M	ailing Address:	New Mailing Address:
P.O. BOX 2 ORMOND	2615 BEACH, FL 32175 US	
FEI Number:	: 06-1836259 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	ANDRA L DISH DRIVE BEACH, FL 32176 US	
The above in the State	named entity submits this statement for the pe of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Age	nt Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete JANZEN, DIANA 6 BEAGLES REST ORMOND BEACH, FL 32174 US	Title: D (X) Change () Addition Name: RAKES, SANDRA L Address: 120 STANDISH DR City-St-Zip: ORMOND BEACH, FL 32176 US
Title: Name: Address: City-St-Zip:	VP () Delete RAKES, SANDRA L 120 STANDISH DRIVE ORMOND BEACH, FL 32176 US	Title: D (X) Change () Addition Name: MCCARTHY, MARIA Address: 201-1 ORANGE GROVE DR City-St-Zip: ORMOND BEACH, FL 32174 US
Title: Name: Address: City-St-Zip:	D () Delete ELLIS, JOHN E 200 WINDWARD LANE ORMOND BEACH, FL 32176	Title: D (X) Change () Addition Name: ELLIS, JOHN E Address: 200 WINDWARD LANE City-St-Zip: ORMOND BEACH, FL 32176 US
Title: Name: Address: City-St-Zip:	D () Delete REMEY, DAVID 239 LANDMARK CIRCLE ORMOND BEACH, FL 32176 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D (X) Delete MCCARTHY, MARIA 201-1 ORANGE GROVE DRIVE ORMOND BEACH, FL 32174 US	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: SANDRA L. RAKES VP 03/24/2009