

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003309

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** KIDS NEEDS-GREATER ENGLEWOOD, FL, INC.

**Current Principal Place of Business:**

1201 S. MCCALL RD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1283  
ENGLEWOOD, FL 34295

**New Mailing Address:**

**FEI Number:** 35-2361844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIGNAM, THOMAS M  
1201 S. MCCALL RD  
ENGLEWOOD, FL 34223 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: C  
Name: DIGNAM, THOMAS M  
Address: 1201 S. MCCALL RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: KINSEY, LEAH  
Address: 571 OLIVE ST  
City-St-Zip: ENGLEWOOD, FL 34223

Title: S  
Name: JOACHIM, SUE  
Address: 186 ANNAPOLIS LN  
City-St-Zip: ROTONDA, FL 33947

Title: T  
Name: ARBOUR, BARBIE  
Address: 12355 COLE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VC  
Name: LOUDEN, MARCIA  
Address: 1201 S. MCCALL RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: HORTON, MAC  
Address: 1017 BAY HARBOR DR  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby 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 all other like empowered.

SIGNATURE: BARBARA ARBOUR

T

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date