

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005671

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** KID'S NEEDS FOUNDATION INC

**Current Principal Place of Business:**

22074 FLOWER DRIVE  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

22074 FLOWER DRIVE  
BOCA RATON, FL 33428 US

**New Mailing Address:**

**FEI Number:** 27-0343119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINART BUSINESS SERVICES INC  
7658 SOLIMAR CIRCLE  
BOCA RATON, FL 33433 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,D  
**Name:** SALGADO, CRISTIANE  
**Address:** 22074 FLOWER DRIVE  
**City-St-Zip:** BOCA RATON, FL 33428 US

**Title:** ST,D  
**Name:** MIKULINSKY, MIKAYELA  
**Address:** 9685 VINEYARD COURT  
**City-St-Zip:** BOCA RATON, FL 33428 US

**Title:** D  
**Name:** STEGMAN, LINDA  
**Address:** 7658 SOLIMAR CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33433 US

**Title:** D  
**Name:** EHRLEIN, JOHN T  
**Address:** 2845 SW 22ND AVE #206  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** D  
**Name:** SHANE, CHARLES  
**Address:** 3740 SOUTH OCEAN BLVD, #306  
**City-St-Zip:** HIGHLAND BEACH, FL 33487 US

**Title:** D  
**Name:** OCAMPO, NORINA B MD  
**Address:** 9970 CENTRAL PARK BLVD #204  
**City-St-Zip:** BOCA RATON, FL 334282236 US

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:** CRISTIANE SALGADO

MRS

01/24/2012

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

\_\_\_\_\_  
Date