


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90047 018 ****61.25

DOCUMENT # N30285					
1. Entity Name FOR LOVE OF KIDS, INC.					
Principal Place of Business P O BOX 511472 PUNTA GORDA, FL 33951-472 US			Mailing Address P.O. BOX 511472 PUNTA GORDA, FL 33951-1472 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0214614	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YUSTEN, MAUREEN I - YUSTER 3612 BON AIRE CT PUNTA GORDA, FL 33950				Name MAUREEN I. YUSTER	
				Street Address (P.O. Box Number is Not Acceptable)	
				3612 Bon Aire Ct.	
				City Punta Gorda FL Zip Code 33950	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARUCHAS, KATHLEEN	NAME			
STREET ADDRESS	790 BAL HARBOR BLVD	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YUSTER, MAUREEN	NAME			
STREET ADDRESS	3612 BON AIRE COURT	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GASGARTH, KAY	NAME			
STREET ADDRESS	293 FRY TERR	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIDLE, DOUG J	NAME			
STREET ADDRESS	432 NORTH CRT	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOON, LYN	NAME			
STREET ADDRESS	945 BAL HARBOUR BLVD	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maureen I. Yusten, President		Date 9/18/05 Daytime Phone # 941-637-7627			