2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30285

Address:

City-St-Zip:

9194 NETTLE RD

PORT CHARLOTTE, FL 33953

ty Name: FOR LOVE OF KIDS INC

FILED Jan 11, 2009 Secretary of State

| Entity Name: FOR LOVE OF KIDS, INC. | | | | |
|---|--|---|--|--|
| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
| P O BOX 511472 PUNTA GORDA, FL 33951472 US | | | 790 BAL HARBOR BLVD. PUNTA GORDA, FL 33950 US | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| | SS WATER AVE ORT MYERS, FL 33917 US | | | |
| FEI Number | : 65-0214614 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: | | | | |
| 3448 CRÓ | MAUREEN I SS WATER DR ORT MYERS, FL 33917 US | | | |
| | named entity submits this statement for the perfection of the perfection in a statement for the perfect for the perfec | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete BARUCHAS, KATHLEEN 790 BAL HARBOR BLVD PUNTA GORDA, FL 33950 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD () Delete YUSTER, MAUREEN 3448 CROSS WATER DR NORTH FORT MYERS, FL 33917 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPT () Delete GASGARTH, KAY 293 FRY TERR PORT CHARLOTTE, FL 33952 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () Delete CONROY, MARGEE 142425 SILVER LAKES CIR PORT CHARLOTTE, FL 339513 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP () Delete SPENCE, RANDY | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: MAUREEN I. YUSTER PRES 01/11/2009