

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 20 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N38629

(4)

1. Corporation Name

KID-NEEDS, INC.

Principal Place of Business

7723 SW 13TH ROAD  
GAINESVILLE FL 32607

Mailing Address

7723 SW 13TH ROAD  
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

06/13/1990

4. FEI Number

59-3125933

Applied For

Not Applicable

2. Principal Place of Business

21 7723 SW 13th Rd

Suite, Apt. #, etc.

22

City & State

23 Gainesville, FL

Zip

24 32607

Country

25 Alachua

2a. Mailing Address

26 7723 SW 13th Rd

Suite, Apt. #, etc.

27

City & State

28 Gainesville, FL

Zip

29 32607

Country

30 Alachua

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LOGAN, VERONICA C  
7723 SW 13TH ROAD  
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Veronica C. Logan

President

7-15-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LOGAN, VERONICA C

STREET ADDRESS 7723 SW 13TH RD.

CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME LOGAN, GARY G

STREET ADDRESS 7723 SW 13TH RD.

CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME LOGAN, NATHANIEL S

STREET ADDRESS 7723 SW 13TH RD.

CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Veronica C. Logan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-98 (352) 333 7089

Date

Daytime Phone #

CR2E037 (5/98)