

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90054 039 ****80.00

0011488

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38629

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/13/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3125933

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD
LOGAN, VERONICA C
STREET ADDRESS 7723 SW 13TH RD.
CITY-ST-ZIP GAINESVILLE FL 32607

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME VD
LOGAN, GARY G
STREET ADDRESS 7723 SW 13TH RD.
CITY-ST-ZIP GAINESVILLE FL 32607

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME STD
LOGAN, NATHANIEL S
STREET ADDRESS 7723 SW 13TH RD.
CITY-ST-ZIP GAINESVILLE FL 32607

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME T
LOGAN, TAMARA ANNE
STREET ADDRESS 7723 SW 13TH RD.
CITY-ST-ZIP GAINESVILLE FL 32607

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME T
CRAWFORD, MATTIE
STREET ADDRESS 13208 SW CR 346
CITY-ST-ZIP ARCHER FL 32618

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME T
RIVERS, ROSE R RN PHD
STREET ADDRESS 1600 SW ARCHER RD
CITY-ST-ZIP GAINESVILLE FL 32610-0335

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99 352-395 0188
Date Daytime Phone #

CR2E037 (11/98)