


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90042 015 ****61.25

DOCUMENT # N39243 1. Entity Name KIDDIE ACADEMY OF WEST BROWARD, INC.					
Principal Place of Business 1050 NW 43RD AVE PLANTATION, FL 33313			Mailing Address 1050 NW 43RD AVE PLANTATION, FL 33313		
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 65-0211889			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPENCER, RUTH 11118 N.W. 37 STREET FORT LAUDERDALE, FL 33351			7. Name and Address of New Registered Agent Name <u>Gloria M. Waller</u> Street Address (P.O. Box Number is Not Acceptable) <u>4280 NW 36th Ave</u> <u>Lauderdale Lakes</u> <u>33309</u> City <u>FL</u> Zip Code		
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 <u>Gloria M. Waller</u> <u>4.12.04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, REBECCA		NAME		
STREET ADDRESS	501 NW 33RD AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, CAROL		NAME		
STREET ADDRESS	2310 NW 115 DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOKES, SANDRA		NAME		
STREET ADDRESS	3811 N.W. 8TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLER, GLORIA M		NAME		
STREET ADDRESS	4280 NW 36TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTIAN, GLORIA		NAME		
STREET ADDRESS	3550 N.W. 42 STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309		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: <u>Gloria M. Waller - Director</u> <u>4.12.04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					