## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N40664**

1. Corporation Name

FORE KIDS FOUNDATION, INC.

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Principal Plac	e of Business	Mailing Address				1				
1283 ANHINGA DR		1283 ANHINGA DR				I INDINIAL BUL BURN BANKA BUKA BUKA	BREN ALEM ALEM	ALEKA DIRA BARA		
905-347		905-347								
WELLINGTON	FL 33414	WELLINGTON FL 33414				I INDUITAL OIL BIRTH BANK ONLY AND	OLOT BY BY STORY	MINISTER BERNE BERN		
US		US				'				
1 2 2	de la companya de la	2a Mailine Addroop				Date Incorporated or Qualifed	<del></del>			
2. Principal Place of Business 2a. Mailing Address						10/10/1990				
21 Suite, Apt.	# 010	26Suite, Apt. #, etc				4. EEI Number		Apr	lied-For	
22	** 400	27				65-0223778			Applicable	
City & Stat	in the second se	City & State			·· <del></del>	ı		\$8.75 A		
23		28				5. Certifcate of Status Desired		Fee Rec		
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00	May Be	
24	25	29	30			Trust Fund Contribution		Added to		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name	1				
RICHARDS	SON, KEVIN F			82	Street Arldre	ss (P.O. Box Number is Not Accepta	ble)			
	RICHARDSON, P.A.		· ·							
	IUM PLACE SUITE 300-C								- [	
WEST PALM BEACH FL 33401			84 C		City			85 Zip C	ode	
1	and the second				•		FL			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	s, the a	bove-r	named corpo	ration submits this statement for the	purpose of c	changing its t	registered iistered	
I OTHER OF I	redistered agent, or both, in the State o	i ribilda. Sudi dilalido was e							,	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Fig.	ida Stati	utes.			,,	2/		
		SON (	7		<u> </u>	n's board of directors. I hereby accep		3/10	199	
SIGNATURE	Kerin Richard Signature, typed or printed name of registered agent	SON (NOTE	Replaced		signature required	when reinstating)	DATE	3//6	2/99	(80
SIGNATURE	KEYIN RICHARD Signature, typed or printed name of registered agent OFFICERS AND	SON and title if applicable. NOTE DIRECTORS	13.	Agent si	<u> </u>	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12	11/08)
SIGNATURE 12. TITLE	Kerin Richard Signeture, typed or printed name of registered agent OFFICERS AND	SON (NOTE	13.	Agent si	<u> </u>	when reinstating)	DATE	3//6	2/99	7 (11/08)
SIGNATURE  12.  TITLE  NAME	Signeture, typed or printed name of registered agent OFFICERS AND D RICHARDSON, KEVIN F.	SON and title if applicable. NOTE D DIRECTORS  DELETE	13. 1.1 TT 1.2 N/	Agent si	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12	27 (1
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signeture, typed or printed name of registered agent OFFICERS AND D RICHARDSON, KEVIN F. 1551 FORUM PLACE, STE 300-0	SON and title if applicable. NOTE D DIRECTORS  DELETE	13. 1.1 TF 1.2 N/ 1.3 ST	Agent si	DDRESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12	25E037 (11/98)
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SIGNATURE:

NAME, A SECTION

STREET ADDRESS

CITY-ST-ZIP

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KSON STATISTICAL ECONOMISED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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 Chapten 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.

561-640-3071

☐ Addition

**FILED** 

03-17-1999 90091 014 \*\*\*\*61.25

Mar 17, 1999 8:00 am Secretary of State