

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43137

FILED
Mar 16, 2005
Secretary of State

Entity Name: KID ZONE CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

832 W. CANAL STREET SOUTH
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

832 W. CANAL STREET SOUTH
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0260832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILIS, CASSANDRA
832 W CANAL ST.
BELLE GLADES, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BERNARD, BETTY,
Address: 832 W CANAL ST.
City-St-Zip: BELLE GLADE, FL

Title: DP () Delete
Name: TILLMAN, NOVELLA,
Address: 832 W CANAL ST.
City-St-Zip: BELLE GLADE, FL

Title: D () Delete
Name: WILLIS, CASSANDRA,
Address: 832 W CANAL ST.
City-St-Zip: BELLE GLADE, FL

Title: DS () Delete
Name: PEAUVY, MARGARET
Address: 832 W CANAL ST.
City-St-Zip: BELLE GLADE, FL

Title: D () Delete
Name: MORELAND, CASSANDRA,
Address: 832 W CANAL ST.
City-St-Zip: BELLE GLADE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: NOVELLA TILLMAN

DP

03/16/2005

Electronic Signature of Signing Officer or Director

Date