

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90062 015 ****70.00

DOCUMENT # N92000000730

1. Entity Name

KRISTINA CASSIDY CHILDREN'S FOUNDATION, INC.



Principal Place of Business

**4379 ANNA LN
WEST PALM BEACH FL 33406**

Mailing Address

**4379 ANNA LN
WEST PALM BEACH FL 33406**

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 **65-0378627**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

60001420



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAIG, KIM
4379 ANNA LN
WEST PALM BEACH FL 33406**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	LAUREL SAUER- DEMONTLUZIN	5000 WHISPRING HOLLOW DR. PALM BCH GARDENS FL	<input type="checkbox"/> Delete	
	D	O'CONNELL, LORNA	115 LAKESHORE DR #848 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	
	D	CRAIG, KIM	137 AINSWORTH CIR PALM SPRINGS FL 33416	<input type="checkbox"/> Delete	
	D	VALENTINE, VICTORIA	219 SW 3RD AVE BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete	
	P	SCOTT, LIZABETH A	4379 ANNA LANE W PALM BCH FL 33406	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Lizbeth Scott **LIZABETH SCOTT** 1/4/03 561641