

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004362 (0)

1. Corporation Name

Y.E.S. KIDS, INC.



Principal Place of Business

Mailing Address

**2023 LAUREL ST
SARASOTA FL 34237**

**2023 LAUREL ST
SARASOTA FL 34237**

3. Date Incorporated or Qualified
09/28/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1906 So. US 41**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2023 LAUREL ST.**
Suite, Apt. #, etc.

4. FEI Number
65-0438437
Applied For
Not Applicable

22 City & State
Sarasota, Fla

27 City & State
Sarasota, Fla.

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

23 Zip
34239

25 Country
Sarasota

28 Zip
34237

30 Country
Sarasota

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, WILLIAM W
2023 LAUREL ST
SARASOTA FL 34237**

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 617.0502, Florida Statutes.

SIGNATURE *(Signature)* (delete)

DATE **28 April 1996**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ROBINSON, WILLIAM W
STREET ADDRESS	2023 LAUREL ST
CITY-ST-ZIP	SARASOTA FL 34237
TITLE	<input type="checkbox"/> DELETE
NAME	D MILLER, MARY J
STREET ADDRESS	2485 MAIN ST
CITY-ST-ZIP	SARASOTA FL 34237
TITLE	<input type="checkbox"/> DELETE
NAME	D RANDELL, JUNE T
STREET ADDRESS	2485 MAIN ST
CITY-ST-ZIP	SARASOTA FL 34237
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *(Signature)* **28 April 1996** (741-853-6980)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)