

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 10 1997 8:00am  
Secretary of State

DOCUMENT # N93000005219 (1)

1. Corporation Name

SUPPORT OUR COMMUNITIES' KIDS, INC.



Principal Place of Business Mailing Address  
6793 W. NEWBERRY ROAD 6793 W. NEWBERRY ROAD  
#308 #308  
GAINESVILLE FL 32608 GAINESVILLE FL 32608  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/18/1993	12/17/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3210766	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	8. This corporation owes or has paid the current year Intangible	Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

MCCOWN, WALTER  
5435 SW 83RD TERRACE  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name	MITCHELL FREDERICK
82 Street Address (P.O. Box Number is Not Acceptable)	3528 NW 13TH AVE
83	
84 City	GAINESVILLE FL
85 Zip Code	32605

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 617.0503, Florida Statutes.

SIGNATURE MITCHELL FREDERICK - TREASURER DATE 4/15/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOWN, WALTER	1.2 NAME	
STREET ADDRESS	5435 SW 83RD TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONE, TOM	2.2 NAME	FREDERICK, MITCHELL
STREET ADDRESS	380 NW 27TH TERRACE	2.3 STREET ADDRESS	3528 N.W. 13TH AVE
CITY-ST-ZIP	GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JANE	3.2 NAME	
STREET ADDRESS	316 SW 80TH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEAGIN, MIKE	4.2 NAME	TAMMY FEAGIN
STREET ADDRESS	414 NW 111 WAY	4.3 STREET ADDRESS	414 N.W. 111 WAY
CITY-ST-ZIP	GAINESVILLE FL 32607	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, STEVE	5.2 NAME	
STREET ADDRESS	928 SW 98TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 MITCHELL FREDERICK (352)

CR2E037 (4/97)