

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000005219 (1)

1. Corporation Name

SUPPORT OUR COMMUNITIES' KIDS, INC.

Principal Place of Business

Mailing Address

6793 W. NEWBERRY ROAD
#308
GAINESVILLE FL 32608
US

6793 W. NEWBERRY ROAD
#308
GAINESVILLE FL 32608
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MITCHELL FRÉDERICK
3528 NW 13TH AVE
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

59-3210766

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MCCOWN, WALTER	5435 SW 83RD TERRACE	GAINESVILLE FL 32608	<input type="checkbox"/>
D	FREDERICK, MITCHELL	3528 NW 13TH AVE	GAINESVILLE FL	<input type="checkbox"/>
D	LONG, JANE	316 SW 80TH DRIVE	GAINESVILLE FL 32607	<input type="checkbox"/>
D	FEAGIN, TAMMY	414 NW 111 WAY	GAINESVILLE FL	<input type="checkbox"/>
D	CARROLL, STEVE	926 SW 98TH STREET	GAINESVILLE FL 32607	<input type="checkbox"/>
D				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Kraft, Kellie	13100 NW 50 Ave	Gainesville, FL 32606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Kempton, Shar	10008 SW 138 St	Archer, FL 32618	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Tyler, Pam	14004 SW 128th Ave	Archer, FL 32618	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Myers, Ed	5503 SW 92 way	Gainesville, FL 32608	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Waldman, Al	10046 SW 40th Ln	Gainesville, FL 32608	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Treweek, Tim	9607 SW 110 Ln	Gainesville, FL 32608	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 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:

Kellie A. Kraft

8-29-98

331-2003

CR2E037 (5/98)