

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90191 027 ****61.25

DOCUMENT # N93000005219

1. Corporation Name

SUPPORT OUR COMMUNITIES' KIDS, INC.

Principal Place of Business

6793 W. NEWBERRY ROAD
#308
GAINESVILLE FL 32608
US

Mailing Address

6793 W. NEWBERRY ROAD
#308
GAINESVILLE FL 32608
US



2. Principal Place of Business

21 3324 W. University Ave

Suite, Apt. #, etc.

22 #108

City & State

23 Gainesville, FL

Zip

24 32607

Country

25 Alachua

2a. Mailing Address

26 3324 W. University Ave

Suite, Apt. #, etc.

27 #108

City & State

28 Gainesville, FL

Zip

29 32607

Country

30 Alachua

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

9. Name and Address of Current Registered Agent

MITCHELL FREDERICK
3528 NW 13TH AVE
GAINESVILLE FL 32605

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 ☐ DELETE

TITLE PD
NAME KRAFT, KELLIE
STREET ADDRESS 13100 NW 50 AVE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VPD
NAME KEMPTON, SHARI
STREET ADDRESS 10202 SW 138 ST
CITY-ST-ZIP ARCHER FL 32618

TITLE SD
NAME TYLER, PAM
STREET ADDRESS 14004 SW 128TH AVE
CITY-ST-ZIP ARCHER FL 32618

TITLE TD
NAME MYERS, ED
STREET ADDRESS 5503 SW 92 WAY
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D
NAME WALDMAN, AL
STREET ADDRESS 10046 SW 44TH LN
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D
NAME TREWEEK, TIM
STREET ADDRESS 9607 SW 40 LN
CITY-ST-ZIP GAINESVILLE FL 32608

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Kellie Kraft* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)