

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:16

DOCUMENT # **N94000000570 (1)**

1. Corporation Name  
**KIDZ, INC.**

Principal Place of Business

Mailing Address

15 BRENT LN 6-231  
PENSACOLA FL 32503

15 BRENT LN 6-231  
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/25/1994</b>	3a. Date of Last Report <b>NA</b>
4. FBI Number <b>59 322 4766</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suits, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suits, Apt. #, etc. 27. City & State 28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**MORGAN, VONDOLYN W  
15 BRENT LN 6-231  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	<b>D - Project Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	<b>Kaye Evans</b>
STREET ADDRESS		13 STREET ADDRESS	<b>15 Brent Lane Suite 6-231</b>
CITY - ST - ZIP		14 CITY - ST - ZIP	<b>Pensacola, FL 32503</b>
TITLE		21 TITLE	<b>D - Community Affairs Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>Sue Straughn</b>
STREET ADDRESS		23 STREET ADDRESS	<b>15 Brent Lane Suite 6-231</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>Pensacola, FL 32503</b>
TITLE		31 TITLE	<b>D - Asst. Marketing Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>Tina Ilano</b>
STREET ADDRESS		33 STREET ADDRESS	<b>15 Brent Lane Suite 6-231</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>Pensacola FL 32503</b>
TITLE		41 TITLE	<b>D - Executive Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<b>Vondolyn Wright-Morgan</b>
STREET ADDRESS		43 STREET ADDRESS	<b>15 Brent Lane Suite 6-231</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>Pensacola, FL 32503</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

**PERMITTED BY MAY 1**

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)(a), 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 owner or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vondolyn Wright-Morgan **VONDOLYN WRIGHT-MORGAN** 13095 904 456-7551  
SIGNATURE AND TYPED OR PRINTED NAME OF OWNER OR OFFICER OR DIRECTOR Date Daytime Phone #