

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002913 (1)

1. Corporation Name

**KIDS INSTILLED WITH DIGNITY SURVIVE-K.I.D.S., IN
C.**



Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD
229
JACKSONVILLE FL 32225
US

9951 ATLANTIC BLVD.
STE. 229
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified
06/08/1994

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3287954

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

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

**HARRISON, YOLA
9951 ATLANTIC BLVD.
STE. 229
JACKSONVILLE FL 32225**

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 of applicant

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

NAME

**D
DESMITT, ANGELA**

STREET ADDRESS

3 DOLPHIN BLVD.

CITY - ST - ZIP

PONTE VEDRA BEACH FL 32250

TITLE

☐ DELETE

NAME

**D
HARRISON, YOLA**

STREET ADDRESS

9951 ATLANTIC BLVD. STE. 229

CITY - ST - ZIP

JACKSONVILLE FL 32250

TITLE

☐ DELETE

NAME

**D
RACHELE, CARLEY L**

STREET ADDRESS

11736 FRT. CAROLINE LAKES DR

CITY - ST - ZIP

JACKSONVILLE 32 250

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

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42 NAME

43 STREET ADDRESS

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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 115.07(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:

Sandra B. Morham Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96
Date

(904) 285-8403
Daytime Phone #

CR2E037 (12/95)