


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32225-6537

3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business	2a. Mailing Address
21 3 DOLPHIN BLVD. CT.	26 3 DOLPHIN BLVD. CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Ponte Vedra, FL.	28 Ponte Vedra, FL.
Zip	Zip
24 32082	29 32082
Country	Country
25 USA	30 USA

4. FEI Number 59-3287954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Angela deSmit**

82 Street Address (P.O. Box Number is Not Acceptable)
3 Dolphin Blvd. Ct.

83

84 City **Ponte Vedra, FL** 85 Zip Code **32082**

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 **Angela deSmit** DATE **3/2/97**

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	DESMITT, ANGELA	1.2 NAME	
STREET ADDRESS	3 DOLPHIN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32250	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/I/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, YOLA	2.2 NAME	Donna L. Harvey
STREET ADDRESS	9951 ATLANTIC BLVD. STE. 229	2.3 STREET ADDRESS	921 Ethan Allen Drive
CITY-ST-ZIP	JACKSONVILLE FL 32250	2.4 CITY-ST-ZIP	Jacksonville, Florida 32208
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHELE, CARLEY L	3.2 NAME	Elizabeth Tokar
STREET ADDRESS	11736 FRT. CAROLINE LAKES DR	3.3 STREET ADDRESS	151 Saltwind Circle
CITY-ST-ZIP	JACKSONVILLE 32 250	3.4 CITY-ST-ZIP	Neptune Beach, Florida 32266
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Angela deSmit** DATE: **3/2/97** 904 285-8403

CR2E037 (9/96)