FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000000111 (3)

GIVE KIDS THE WORLD FOUNDATION, INC.

Principal Place of Business Mailing Address 210 SOUTH BASS RD. KISSMMEE FL 34748 210 SOUTH BASS RD. 3. Date Incorporated or Qualified KISSIMMEE FL 34746 01/09/1995 4. FEI Numbe Applied For 59-3327387 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 📈 No 28 Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAMES, LAURENCE C 82 Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE. вз **SUITE 2500 ORLANDO FL 32801** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 TITLE Change LANDWIRTH, HENRI 1.2 NAME NAME STREET ADDRESS 5401 KIRKMAN RD. #300 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE CASSARA, MICHAEL D., JR. 2.2 NAME NAME 5678 W. IRLO BRONSON HWY. STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 34748 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME SALLEY. STEVE 3.2 NAME 390 N. ORANGE AVE. #2500 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32801 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS**

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 entropwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attactment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

Uchh

FILED

Feb 17 1998 8:00am

Secretary of State