

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000078

FILED
Jan 04, 2008
Secretary of State

Entity Name: KIDS HOUSE OF SEMINOLE, INC.

Current Principal Place of Business:

5467 NORTH RONALD REAGAN BLVD.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

5467 NORTH RONALD REAGAN BLVD.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3415005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, NANCY D
5467 NORTH RONALD REAGAN BLVD.
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CHASE, LEIF
Address: 200 SOUTH ORANGE AVE., MAIL CODE 1100
City-St-Zip: ORLANDO, FL 32801 US

Title: CE () Delete
Name: BOWMAN, DENNIS
Address: 940 WILLISTON PARK POINTE
City-St-Zip: LAKE MARY, FL 32746 US

Title: C () Delete
Name: JARDON, JIM
Address: 13501 INGENUITY DR SUITE 300
City-St-Zip: ORLANDO, FL 32826 US

Title: VC () Delete
Name: PONCE, HECTOR
Address: 100 COLONIAL CENTER PARKWAY
City-St-Zip: LAKE MARY,, FL 32746 US

Title: PCD () Delete
Name: BERRIDGE, RANDY
Address: 801 INTERNATIONAL PARKWAY
City-St-Zip: LAKE MARY, FL 32746 US

Title: ED () Delete
Name: CRAWFORD, NANCY
Address: 5467 NORTH RONALD REAGAN BLVD.
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: BOWMAN, DENNIS
Address: 940 WILLISTON PARK POINTE
City-St-Zip: LAKE MARY, FL 32746 US

Title: PC (X) Change () Addition
Name: JARDON, JIM
Address: 13501 INGENUITY DR SUITE 300
City-St-Zip: ORLANDO, FL 32826 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY CRAWFORD

ED

01/04/2008

Electronic Signature of Signing Officer or Director

Date