

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90016 018 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005307

1. Corporation Name

KREATIVE KIDS YOUTH FOUNDATION, INC.

Principal Place of Business

11718 HARTS ROAD
JACKSONVILLE FL 32218

Mailing Address

11718 HARTS ROAD
JACKSONVILLE FL 32218



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3313654

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAKER, DEBRA
7387 PETRELL DRIVE
JACKSONVILLE FL 32222

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LINDSEY, ROBIN
STREET ADDRESS 11718 HARTS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VPD ☐ DELETE

NAME BACON, ANDREA
STREET ADDRESS 2112 MYRA STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE S ☐ DELETE

NAME ISAAC, TERESA
STREET ADDRESS 1572 SHEARWATER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TD ☐ DELETE

NAME BAKER, DEBRA
STREET ADDRESS 7387 PETRELL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE D ☐ DELETE

NAME COBB, LESIA
STREET ADDRESS 10989 TRACI LYNN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 924-9171
Date Daytime Phone #

CR2E037 (1/98)