

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 08, 2004
Secretary of State**

DOCUMENT# N96000005307

Entity Name: KREATIVE KIDS YOUTH FOUNDATION, INC.

Current Principal Place of Business:

11718 HARTS ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11718 HARTS ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

P.O. BOX 28184
JACKSONVILLE, FL 32218

FEI Number: 59-3313654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, DEBRA
7387 PETRELL DRIVE
JACKSONVILLE, FL 32222 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: PD () Delete
Name: LINDSEY, ROBIN
Address: 11718 HARTS ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD () Delete
Name: BACON, ANDREA
Address: 2112 MYRA STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: ISAAC, TERESA
Address: 1572 SHEARWATER DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: BAKER, DEBRA
Address: 7387 PETRELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: ROBIN LINDSEY

PD

09/08/2004

Electronic Signature of Signing Officer or Director

_____ Date