

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002503

FILED  
Jul 28, 2004  
Secretary of State

Entity Name: KIDS VOTING LEON COUNTY, INC.

**Current Principal Place of Business:**

443 E. COLLEGE AVE.  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

6041 FLINTLOCK LOOP  
TALLAHASSEE, FL 32311 US

**Current Mailing Address:**

443 E. COLLEGE AVE.  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

6041 FLINTLOCK LOOP  
TALLAHASSEE, FL 32311 US

FEI Number: 31-1577197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADDILL, TOWNSEND  
803 E. GEORGIA STREET  
TALLAHASSEE, FL 32308 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: DC ( ) Delete  
Name: WADDILL, TOWNSEND  
Address: 808 E. GEORGIA STREET  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DCE ( ) Delete  
Name: MORRISON, ANGELA  
Address: 5608 WAGON WHEEL CIRCLE N.  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DT ( ) Delete  
Name: SWORDS, AMBER  
Address: 6041 FLINT LOCK LOOP  
City-St-Zip: TALLAHASSEE, FL 32311

**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:

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: AMBER SWORDS

DT

07/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date