

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002503

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** KIDS VOTING LEON COUNTY, INC.

**Current Principal Place of Business:**

ALLIANCE CENTER, 119 SOUTH MONROE STREET  
SUITE #300  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

ALLIANCE CENTER, 119 SOUTH MONROE STREET  
SUITE #300  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 31-1577197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, TIMOTHY  
2906 BRANDEMERE DR.  
TALLAHASSEE, FL 32312 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: DT  
Name: EVANS, TIMOTHY D  
Address: 2906 BRANDEMERE DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DC  
Name: COLLAZO, III, MIGUEL ESQ.  
Address: ALLIANCE CENTER, 119 SOUTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS  
Name: MANNING, KATHERINE  
Address: ALLIANCE CENTER, 119 SOUTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY D. EVANS

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01/31/2011

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

\_\_\_\_\_  
Date