

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002503

FILED
Jan 05, 2012
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:

EVANS, TIMOTHY
1211 GOVERNOR'S SQUARE BLVD.
ROOM 426
TALLAHASSEE, FL 32301 US

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

01/05/2012

Date

OFFICERS AND DIRECTORS:

Title: DT
Name: EVANS, TIMOTHY D
Address: 1211 GOVERNOR'S SQUARE BLVD. RM 426
City-St-Zip: TALLAHASSEE, FL 32301

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

Electronic Signature of Signing Officer or Director

DT

01/05/2012

Date