SECULIDED JUNE, COLOR AND MELLINE DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 NOV 16 PM 1:01

APPROVEL AND FILED

DOCUMENT # N9700003062 (3)							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
KAMP FOR INNER CITY KIDS, INC.							 			
Principal Place of Business Mailing Address										
6100 HOLLYWOOD BLVD SUITE 211 6100 HOLLYWOOD BLVD SUITE 211 HOLLYWOOD FL 33024 HOLLYWOOD FL 33024						-	3. Date Incorporated or Qualified 05/28/1997			
11022111000	1 2 40021			, , _ , , , ,			;	4. FEI Number	.,	Applied For
			0- 54-21 4					65-076975		Not Applicable
Principal Place of Business 21			2a. Mailing Address				5. Certificate of Status Desired	, , , , , , , , ,	5 Additional Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing		May Be	
City & State			27 City & State				Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?			
23				28				Yes V No		
Zip		Country 25	Zip 29		Count	.y		This corporation owes or has paid Personal Property Tax due June		Intangible No
24	9. Name	and Address of Current	1	ent				10. Name and Address of New Reg	istered Agent	
					8	1 Name	1			
SCHECK,		SUITE 2620			8	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL		30/1E 2020			8	3				
					8	4 City			85 2	Zip Code
44.5	1.1		4 C47 4500 Fis	alda Otatutos	the chave	nomed or	momtic	on cubmits this statement for the purpose	FL of changing its	registered
office or re	egistered age	ent, or both, in the State of I	Florida. Such ch	ange was a	thorized by	the como	ration's	board of directors. I hereby accept the	appointment as	registered
agent. I a	m rattimar wi	in, and accept the obligation	ns of, section 67	17.0503, Flo	ida Statutes			on submits this statement for the purpos s board of directors. I hereby accept the		į
agent, I a								od when reinstating)	DATE	
1		or printed name of registered agent a OFFICERS AND	nd title if applicable.						DATE	 .
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered agent a OFFICERS AND	nd title if applicable.		13.	Agent signatu		d when reinstating)	DATE	CTORS IN 12
SIGNATURE 12. TITLE NAME	D SCHECK,	or printed name of registered agent a OFFICERS AND	nd title if applicable. DIRECTORS	(N	13. 1.1 TITLE	Agent signatu		d when reinstating)	DATE CERS AND DIREC	CTORS IN 12
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I nereuy ceruly that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes, I turner certify that the information indicated on this annual report or suppliemental 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.

SIGNATURE:

954-9676600