

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005486
1. Corporation Name
KIDS FIRST, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21. **SAME** → 26. **934 NW 5TH PLACE**

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. **CAPE CORAL, FL**

24. Zip Country 29. **33993** 30. **USA**

3. Date Incorporated or Qualified
69/25/1997

4. FEI Number **65-0792581** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DOUGLAS KAY
28 NE 13TH COURT
CAPE CORAL, FL 33909

10. Name and Address of New Registered Agent

81. Name **LARRY WEIMAR**

82. Street Address (P.O. Box Number is Not Acceptable)

83. **934 NW 5TH PLACE**

84. City **CAPE CORAL** FL 85. Zip Code **33993**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *George M Weimer* *Laurance M Weimar* 7-8-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	President / D	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS KAY	
STREET ADDRESS	28 NE 13TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	Sec. / D	<input checked="" type="checkbox"/> DELETE
NAME	Dorise KAY	
STREET ADDRESS	24 NE 13TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAT COSTELLO	
1.3 STREET ADDRESS	1505 NE 10TH LANE	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33909	
2.1 TITLE	VICE PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LARRY WEIMAR	
2.3 STREET ADDRESS	934 NW 5TH PL	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33993	
3.1 TITLE	SEC. / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAURA RIDER	
3.3 STREET ADDRESS	8658 REDWOOD DR.	
3.4 CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
4.1 TITLE	TRES. / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROLYN MCGHAN	
4.3 STREET ADDRESS	1611 S. MAYFAIR RD.	
4.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002597838	
6.3 STREET ADDRESS	-07/24/98--01060--050	
6.4 CITY-ST-ZIP	***61.25	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: *George M Weimer* *Laurance M. Weimar* 7-8-98 941-772-3692
DATE DAYTIME PHONE #

CP2E037 (10/97)