2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9700005902

FILED Apr 28, 2003 8:00 am § Secretary of State

KIDS HO	WE CARE, INC.			04-28-2003 90227 008 ****61.25				
801 SIXTH STREET SOUTH 801 S		Mailing Address 801 SIXTH STREET SOUTS ST PETERSBURG FL 3370	OI SIXTH STREET SOUTH		·			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 -	<u></u>	CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State		4. FEI Number	4. FEI Number 59-3476049 Applied For			
Zip Country		Zip	Country	5. Certificate of		\$8.75 Add		
		<u> </u>	<u> </u>	- N		Fee Require	đ	
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New Register	red Agent		
CARNES,	CARY A							
	H STREET SOUTH		Street A	ddress (P.O. Box Number i	is Not Acceptable)			
	RSBURG FL 33701							
			City			FL Zip Cod	e	
	named entity submits this statement fo	r the purpose of changing its	registered office o	r registered agent, or both,	in the State of Florida. I	am familiar with,	and accept	
the obligat	tions of registered agent.							
	•							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E: Registered Agent signa	ure required when reinstating)	DA	NTE .		
	· · · · · · · · · · · · · · · · · · ·							
1	FILE NOW: FEE IS \$61.25	li e	mpaign Financing Contribution.	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHAP	IGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	PTR	☑ Delete	TITLE	,		☐ Change	☐ Addition	
NAME	SEXTON, J. DENNIS		NAME					
STREET ADDRESS	801 SIXTH STREET SOUTH		STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33701		CITY-ST-ZIP	· ~				
TITLE	TR	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	HUTTO, JACK		NAME STREET ADDRESS					
CITY-ST-ZIP	801 SIXTH STREET SOUTH ST PETERSBURG FL 33701		CITY-ST-ZIP					
TITLE	VIR	Delete	TITLE	C/P/TR		Change Ch	Addition	
NAME	CARNES, GARY	L Delete	NAME	Carnes, Gar	v A.	pri ontingo		
STREET ADDRESS	801 SIXTH STREET SOUTH		STREET ADDRESS	801 Sixth S	_	1	}	
CITY-ST-ZIP	ST PETERSBURG FL 33701		CITY-ST-ZIP	St. Petersb				
TITLE	S	☐ Delete	TITLE	700 1000100	<u>urg, 12 00.</u>	☐ Change	Addition	
NAME	WICKMAN, RITA		NAME			_ ,	_	
STREET ADDRESS	801 SIXTH STREET SOUTH		STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33701		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE			Change	Addition	
NAME	STENBERG, ARNOLD T JR		NAME					
STREET ADDRESS	801 SIXTH STREET SOUTH		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

TR

CHRISTENSEN, ROBERT M.D.

SAINT PETERSBURG FL 33701

801 SIXTH ST. SOUTH

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

(727)892-4401

☐ Change

☐ Addition