

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006309

FILED
Feb 06, 2006
Secretary of State

Entity Name: KIDNEY KIDS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2068 PICNIC LANE
APOPKA, FL 327038

New Principal Place of Business:

Current Mailing Address:

PO BOX 450984
KISSIMMEE, FL 347450984 US

New Mailing Address:

FEI Number: 59-3479851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE BOEHM, DELIA
5 SPRINGWOOD TRAIL
ORMOND BEACH, FL 32174 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: PD () Delete
Name: RATHMANN, MICHELE
Address: 2068 PICNIC LANE
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: WOOLERY, FAYE
Address: 3122 RIACHUELO LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: TD () Delete
Name: WOOLERY, PAUL
Address: 3122 RIACHUELO LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: VD () Delete
Name: VARGAS, JEANETTE R
Address: 10600 BLOOMFIELD DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: RA () Delete
Name: BOHEN, DELIA D
Address: 5 SPRINGWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: HARTMAN, LINDA
Address: 868 GREGORY LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL WOOLERY

TD

02/06/2006

Electronic Signature of Signing Officer or Director

Date