

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N97000006664

1. Entity Name
KIDS VOTING BROWARD, INC.



Principal Place of Business
**600 SE THIRD AVE., EIGHTH FLOOR
FT. LAUDERDALE, FL 33301**

Mailing Address
**600 SE THIRD AVE., EIGHTH FLOOR
FT. LAUDERDALE, FL 33301**



03272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0806384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, CAROL S
4047 NW 115 AVENUE
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KRISHNAIYER, LATHA
STREET ADDRESS	10405 NW 6 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VC
NAME	SCHATZ, ELLEN
STREET ADDRESS	3112 NW 107 DRIVE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	S
NAME	WOLTER, MARGARET
STREET ADDRESS	393 CARRINGTON DRIVE
CITY-ST-ZIP	WESTON, FL 33328
TITLE	T
NAME	SMITH, CAROL S
STREET ADDRESS	4047 NW 115 AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	OSTRAU, NORMAN
STREET ADDRESS	450 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000683088
04/05/07-80030-011 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Carol S. Smith CAROL S. SMITH 3/27/07 854-341-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #