


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000697		
1. Entity Name H.E.A.L.T.H.K.I.D.S. CORPORATION		
Principal Place of Business 149 THISTLEWOOD CT SUITE A TALLAHASSEE, FL 32312	Mailing Address 149 THISTLEWOOD CT SUITE A TALLAHASSEE, FL 32312	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent THOMPSON, BARBARA A 149 THISTLEWOOD CT TALLAHASSEE, FL 32312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD THOMPSON, BARBARA A 149 THISTLEWOOD COURT TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, WILLIE J 149 THISTLEWOOD COURT TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, VIRDEN 1628 HEDGEFIELD DR. TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, GIBRAN A 149 THISTLEWOOD COURT TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARSE, DENISE R 1007 TANNER DR. TALLAHASSEE, FL 32304	
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <u>Barbara A. Thompson</u> <u>Barbara A. Thompson</u> <u>4/22/05</u> <u>(850) 894-4728</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3547466

Applied For
Not Applicable

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

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04/27/05-80114-012 61.25

**DO NOT WRITE
IN THIS SPACE**