

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004191

1. Corporation Name  
KIDS IN THE HOOD, INC.

Principal Place of Business: 824 FOOTMAN LANE, TALLAHASSEE FL 32311  
Mailing Address: 824 FOOTMAN LANE, TALLAHASSEE FL 32311



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip Country	28	Zip Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOOTMAN, WILIE M 824 FOOTMAN LANE TALLAHASSEE FL 32311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Treasurer-Director	<input type="checkbox"/> DELETE		1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Michael L. Smith			1.2	NAME		
STREET ADDRESS	410 DuPont Dr			1.3	STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, Fla. 32301			1.4	CITY-ST-ZIP		
TITLE	Executive Director	<input type="checkbox"/> DELETE		2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Willie Mae Footman			2.2	NAME		
STREET ADDRESS	824 Footman Lane			2.3	STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32311			2.4	CITY-ST-ZIP		
TITLE	Assistance Director	<input type="checkbox"/> DELETE		3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Leola Baldwin Johnson			3.2	NAME		
STREET ADDRESS	924 St. Patrick Dr.			3.3	STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32310			3.4	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2	NAME		
STREET ADDRESS				4.3	STREET ADDRESS		
CITY-ST-ZIP				4.4	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2	NAME		
STREET ADDRESS				5.3	STREET ADDRESS		
CITY-ST-ZIP				5.4	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2	NAME		
STREET ADDRESS				6.3	STREET ADDRESS		
CITY-ST-ZIP				6.4	CITY-ST-ZIP		

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B. 3/9/99 99AR

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, with all other like empowered.

SIGNATURE: Willie Mae Footman 3-9-99 487-1316

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