

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004191

1. Entity Name
KIDS IN THE HOOD, INC.

APPROVED
AND
FILED

01 OCT -3 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
824 FOOTMAN LANE 824 FOOTMAN LANE
TALLAHASSEE FL 32317 TALLAHASSEE FL 32317

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number **59-3609194** Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FOOTMAN, WILLIE MAE
824 FOOTMAN LANE
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
400004628324--4
-10/09/01--01021--006
***236.25 DATE ***236.25

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, JANICE 824 FOOTMAN LANE TALLAHASSEE FL 32317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WANTON, EVA 824 FOOTMAN LANE TALLAHASSEE FL 32317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONE, MARCIA A 824 FOOTMAN LANE TALLAHASSEE FL 32317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HATFIELD, KAREN 824 FOOTMAN LANE TALLAHASSEE FL 32317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FOOTMAN, WILLIE MAE 824 FOOTMAN LANE TALLAHASSEE FL 32317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Doris Harrison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 824 Footman Tall. Fl. 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Atty Angela Davis Walbee <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 824 Footman Lane Tall Fl. 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Book Keeper Sherry Ward <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 824 Footman Lane Tall. Fl. 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 01

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: *Willie Mae Footman*

10-3-01

CR2E037 (5/01)