

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **198000004191**

1. Entity Name

Kids In The Hood, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

824 Footman Lane

3. Mailing Address

824 Footman Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee, FL

Zip

32317

Country

USA

Zip

32317

Country

USA

4. FEI Number

59-3609194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Willie Mae Footman

Street Address (P.O. Box Number is Not Acceptable)

824 Footman Lane

City

Tallahassee

FL

Zip Code

32317

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	<i>Sec. D Karen Hatfield 7788 Macleac Rel. Tall. Fl. 32312</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treas. Sherry Ward 306 #7 Alumina Village Pennell, Tallahassee Fl. 32310</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. D Aurora Hansen 921 Maplewood Ave. Tallahassee Fl. 32303</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ED Willie Mae Footman 824 Footman Lane Tall. Fl. 32317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie Mae Footman*

6/20/02

CR2E037B (12/01)

APPROVED
AND
FILED

02 JUN 20 **PM 12:48**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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