

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004938

1. Entity Name
I LOVE THE KIDS FOUNDATION, INC.



FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90035 035 ****61.25

Principal Place of Business
**10305 SOUTHWEST 20 STREET
MIRAMAR, FL 33025**

Mailing Address
**16031 NE 19 CT
#1
MIAMI, FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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

SIGNATURE

Darrell Brown *Darrell Brown*

3/30/04

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** ☐ Delete
NAME **SCOTT, LAWRENCE**
STREET ADDRESS **10305 SOUTHWEST 20 STREET**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NORRIS, DESIREE**
STREET ADDRESS **10305 SOUTHWEST 20 STREET**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROWN, DARRYL**
STREET ADDRESS **16031 NE 19 CT #1**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Brown, Darrell**
STREET ADDRESS **5855 NW 194 St.**
CITY-ST-ZIP **Miami, FL 33015**

TITLE **T** ☐ Delete
NAME **DAVIS, WILLIAM J III**
STREET ADDRESS **1514 B NE 5TH CT.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

305-25-7882

Day

Daytime Phone #