

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90043 027 ****70.00

DOCUMENT # N98000005297

1. Entity Name

COPS FOR KIDS, INC.



Principal Place of Business

**6405 NW 36TH ST
SUITE 120
VIRGINIA GARDENS FL 33166**

Mailing Address

**6405 NW 36TH ST
SUITE 120
VIRGINIA GARDENS FL 33166**

34028624



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0862493

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

Name

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

City

FL

Zip Code

**MONTOUTE-HOWARD, DOMINGO
6555 N.W. 36TH STREET
SUITE 300
VIRGINIA GARDENS FL 33166**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE ☐ Delete
NAME **FITTS, LUCY**
STREET ADDRESS **6219 SW 57TH ST**
CITY-ST-ZIP **S. MIAMI FL 33142**

TITLE ☐ Delete
NAME **MONTOUTE-HOWARD, DOMINGO**
STREET ADDRESS **6405 NW 36TH ST STE 120**
CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE ☐ Delete
NAME **TALAMO, THERESA**
STREET ADDRESS **10531-SW 113TH PL**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

Lucy Fitts

Lucy Fitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 871-6997

Date Daytime Phone #