


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N99000000935 1. Entity Name OUR FLORIDA KIDS, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 1002 WEST 23RD STREET SUITE 400 PANAMA CITY, FL 32405 | Mailing Address 1002 WEST 23RD STREET SUITE 400 PANAMA CITY, FL 32405 |
|---|---|



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-3561614 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**PIPPINS, LAURETTA J
1002 W 23RD ST.
STE. 400
PANAMA CITY, FL 32405**

**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. 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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAPMAN, JOSEPH F III 1002 W 23RD ST, STE 400 PANAMA CITY, FL 32405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PIPPIN, LAURETTA J 1002 W 23RD STREET SUITE 400 PANAMA CITY, FL 32405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BARR, JIMMY D 1002 W 23RD ST., STE. 400 PANAMA CITY, FL 32405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000538126
05/09/06-80044-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lauretta J. Pippin, Secretary

4/20/06

(850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #