2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003116

1. Entity Name
DEVEREUX KIDS, INC.

Principal Place of Business	Mailing Address
C/O THE DEVEREUX FOUNDATION 5850 T.G. LEE BLVD., STE. 400 ORLANDO, FL 32822	C/O THE DEVEREUX FOUNDATION 5850 T.G. LEE BLVD., STE. 400 ORLANDO, FL 32822

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02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3593023

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, MICHAEL C
5850 TG LEE BLVD STE 400
ORLANDO, FL 32822

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000106777
04/08/04-80029-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MCGILL, MARGARET
STREET ADDRESS	44 DEVEREUX DRIVE
CITY-ST-ZIP	VILLANOVA, PA 19085
TITLE	PD
NAME	KRIEDER, ROBERT
STREET ADDRESS	444 DEVEREUX DRIVE
CITY-ST-ZIP	VILLANOVA, PA 19085
TITLE	SD
NAME	THOMAS, ALLEN
STREET ADDRESS	444 DEVEREUX DRIVE
CITY-ST-ZIP	VILLANOVA, PA 19085
TITLE	VD
NAME	BECKER, MICHAEL C
STREET ADDRESS	5850 TG LEE BLVD STE 400
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael Becker Michael C. Becker 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #