

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

03-02-2004 90035 021 ****70.00

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1. Entity Name
FOR KIDS' SAKE FOUNDATION, INC.



Principal Place of Business
12295 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

Mailing Address
12295 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787



02252004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3605623

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, CHRISTOPHER J
12295 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

**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)

3-1-04

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, CHRISTOPHER J
STREET ADDRESS 12295 WEST COLONIAL DRIVE
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE D
NAME ASH, DOUGLAS
STREET ADDRESS 12506 LAKE UNDERHILL RD
CITY-ST-ZIP ORLANDO, FL 32825

TITLE D
NAME WEINSTEIN, ADAM
STREET ADDRESS 200 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D
NAME BROADRICK, RON
STREET ADDRESS POST OFFICE BOX 274128 N/A
CITY-ST-ZIP TAMPA, FL 33688

TITLE D
NAME MOORHEAD, HENRY
STREET ADDRESS PO BOX 4920
CITY-ST-ZIP ORLANDO, FL 32802

TITLE D
NAME GOLDEN, ERIC
STREET ADDRESS 200 S. ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32802

Please
Change Address
to 12295 W. Colonial
Drive Winter Garden
FL. 34787

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

3-1-04 407-654-5960

Date

Daytime Phone #