



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90197 050 ****61.25

DOCUMENT # N99000004861 1. Entity Name CITY KIDS ART FACTORY, INC.					
Principal Place of Business 1801 NORTH MYRTLE AVE JACKSONVILLE, FL 32209			Mailing Address 3832-010 BAY MEADOWS ROAD PMB 370 JACKSONVILLE, FL 32217		
2. Principal Place of Business 1801 North Myrtle Ave		3. Mailing Address SAME AS ABOVE		14004901 	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		04262005 Chg-NP CR2E037 (10/03)	
City & State JACKSONVILLE FL		City & State _____		4. FEI Number 59-3638295	
Zip 32209		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, GREGORY 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name SAME AS IN 6. 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 <u>Gregory Owens</u> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>				DATE <u>4/26/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, ELIZABETH 5351 TROUT RIVER BLVD JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWENS, GREGORY 4873 JAYBIRD CIRCLE N JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVENS, ERNESTINE B 5837 LUSAID DRIVE JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR-SCALES, MADELINE 7047 CYPRESS BRIDGE DR S PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HOSUK KIM 4913 MAPLEWOOD COURT CALLAHAN, FL 32011	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNOWLES, BERDELL 21 W CHURCH ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Elizabeth S. Rodriguez</u> <u>ELIZABETH RODRIGUEZ-4/25/05</u> <u>(904) 393-9812</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

14004901

CITY KIDS ART FACTORY , INC

OFFICERS AND DIRECTOR'S CONTINUED FROM PAGE 1

DOCUMENT #N88000004861

TITLE D
NAME WILLIAMS, CAROLYN
STREET ADDRESS 1576 W. 13TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

✓ ADDITION

TITLE D
NAME WARREN, CLEVE
STREET ADDRESS 10901 BURNTMILL RD.
CITY-ST-ZIP JACKSONVILLE, FL 32256

✓ ADDITION

TITLE D
NAME WILLIAMS, VANESSA
STREET ADDRESS 3206 HAMPSTEAD DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

✓ ADDITION

TITLE D
NAME NIXON, KENNETH
STREET ADDRESS 8031 HAMPTON PARK BLVD., E
CITY-ST-ZIP JACKSONVILLE, FL 32256

✓ ADDITION