

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90101 043 \*\*\*\*61.25

**60022782**



<b>DOCUMENT # N99000004861</b>					
<b>1. Entity Name</b> CITY KIDS ART FACTORY, INC.					
<b>Principal Place of Business</b> 1801 N MYRTLE AVE JACKSONVILLE, FL 32209			<b>Mailing Address</b> 3832-010 BAY MEADOWS ROAD PMB 370 JACKSONVILLE, FL 32217		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3638295	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  OWENS, GREGORY 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> RODRIGUEZ, ELIZABETH 5351 TROUT RIVER BLVD JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D JAMES DAVIS SR</b> 599 alhambra lane, N Ponte Vedra Beach, FL 32082
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> OWENS, GREGORY 4873 JAYBIRD CIRCLE N JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> OWENS, Gregory 4873 Jaybird Circle N Jacksonville, FL 32257
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BIVENS, ERNESTINE B 5837 LUSAID DRIVE JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> Stewart, Rowena 1801 N. MYRTLE AVE JAX FL 32209
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> TAYLOR-SCALES, MADELINE 7047 CYPRESS BRIDGE DR S PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAYLOR - Scales Madeline</b> 7047 cypress bridge DR S Ponte Vedra Beach FL 32082
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LEE, HOSUK KIM 4913 MAPLEWOOD COURT CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Kenneth &amp; Nixon</b> 760 West Edgewood Avenue Jax FL 32208
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> KNOWLES, BERDALL 21 W CHURCH ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S Knowles, Berdell</b> 21 West Church St Jacksonville, FL 32202
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Berdell Knowles, Secretary</u> <span style="float: right;">01/05/07 904/665-4524</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

CITY KIDS ART FACTORY , INC 60022782  
OFFICERS AND DIRECTOR'S CONTINUED FROM PAGE 1

DOCUMENT #N88000004861

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

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

TITLE	D	ADDITION
NAME	CRYSTAL GANPATH	
STREET ADDRESS	240 PONTE VEDRA PARK DRIVE, STE 150	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

TITLE	D	ADDITION
NAME	MARCUS HAILE	
STREET ADDRESS	3100 UNIVERSITY BLVD #300	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	