2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006473

1. Entity Name
BOOK SOURCE 4 KIDS, INC.

Principal Place of Business	Mailing Address
10511 OTTER CREEK DR JACKSONVILLE, FL 32222	P. O. BOX 2403 JACKSONVILLE, FL 32203-2403

04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3608843
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSES, BURLEAN
10511 OTTER CREEK DR
JACKSONVILLE, FL 32222

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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: Burlean S Moses Burlean S. Moses April 5, 2004
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, 2004

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

000000108277
04/09/04-80043-004 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSES, BURLEAN S
STREET ADDRESS	10511 OTTER CREEK DR
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	ST
NAME	MOSES, DANIEL
STREET ADDRESS	10511 OTTER CREEK DR
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	D
NAME	ALFORD, PAMELA
STREET ADDRESS	1024 TERRY TOWN LANE
CITY-ST-ZIP	WEST COLUMBIA, SC 29170
TITLE	D
NAME	HEYWARD, ROWLAND
STREET ADDRESS	2549 TERRACE TRAIL
CITY-ST-ZIP	DECATUR, GA 30035
TITLE	D
NAME	TETLIS, HAROLD FATHER
STREET ADDRESS	PO BOX 1607
CITY-ST-ZIP	ALICE, TX 78333
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: Burlean S. Moses Burlean S. Moses, President 4/7/04 904-777-8179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #