

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N99000006473

1. Entity Name
BOOK SOURCE 4 KIDS, INC.



Principal Place of Business
**10860 JESSICA ASH DR
JACKSONVILLE, FL 32218**

Mailing Address
**PO BOX 2403
JACKSONVILLE, FL 32203**

DO NOT WRITE IN THIS SPACE



04282007 No Chg-NP

CR2E037 (4/06)

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, DANIEL
10860 JESSICA ASH DR
JACKSONVILLE, FL 32218**

**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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000760531
05/25/07-80019-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSES, DANIEL
STREET ADDRESS	10860 JESSICA ASH DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	T
NAME	MOSES, BRIAN
STREET ADDRESS	10860 JESSICA ASH DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
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	BM
NAME	FLANDERS, LATITIA
STREET ADDRESS	REBARLT HIGH SCHOOL
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 904-765-467
Date Daytime Phone #