

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006473

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: BOOK SOURCE 4 KIDS, INC.

## Current Principal Place of Business:

10860 JESSICA ASH DR  
JACKSONVILLE, FL 32218

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2403  
JACKSONVILLE, FL 32203

## New Mailing Address:

FEI Number: 59-3608843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSES, DANIEL  
10860 JESSICA ASH DR  
JACKSONVILLE, FL 32218 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOSES, DANIEL  
Address: 10860 JESSICA ASH DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete  
Name: MOSES, BRIAN  
Address: 10860 JESSICA ASH DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: ALFORD, PAMELA  
Address: 1024 TERRY TOWN LANE  
City-St-Zip: WEST COLUMBIA, SC 29170

Title: D ( ) Delete  
Name: HEYWARD, ROWLAND  
Address: 2549 TERRACE TRAIL  
City-St-Zip: DECATUR, GA 30035

Title: BM ( ) Delete  
Name: FLANDERS, LATITIA  
Address: REBARLT HIGH SCHOOL  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BM (X) Change ( ) Addition  
Name: FLANDERS, LETITIA  
Address: RIBARLT HIGH SCHOOL  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL MOSES

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date