

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35360 (7)

1. Corporation Name

KINETIC AWARENESS CENTER, INC.



Principal Place of Business

Mailing Address

6851 LONGBOAT DR., SOUTH
LONGBOAT KEY FL 34228

6851 LONGBOAT DR., SOUTH
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified
09/05/1991

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1622 Laurel St.

26

4. FEI Number
13-3378836

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Sarasota, FL

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 34236 Sarasota

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN &
GINBURG, P.A.
2033 MAIN ST., STE. 600
SARASOTA FL 34230

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SUMMERS, ELAINE
STREET ADDRESS 6851 LONGBOAT DR. SOUTH
CITY-ST-ZIP LONGBOAT KEY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME JEWETT, FRANK DR.
STREET ADDRESS 26 E. 93RD ST.
CITY-ST-ZIP NY NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME POWELL, ROBIN
STREET ADDRESS 76 ST. MARKS PLACE
CITY-ST-ZIP NY NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME DELLENBAUGH, MEG
STREET ADDRESS 308 W. 30TH ST.
CITY-ST-ZIP NY NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BOWSER, PEARL
STREET ADDRESS 71 JORALEMON ST.
CITY-ST-ZIP BROOKLYN NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME LEVERONE, BARBARA
STREET ADDRESS 2033 MAIN ST
CITY-ST-ZIP SARASOTA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Elaine Summers ELAINE SUMMERS 4/18/96 952 0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)