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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000289

1. Corporation Name
 100 DEPUTIES, 100 KIDS, INC.

Principal Place of Business
 59 KEYTON DR
 DAYTONA BEACH FL 32124
 US

Mailing Address
 59 KEYTON DR
 DAYTONA BEACH FL 32124
 US



21	2. Principal Place of Business 1001 Old Tomoka Rd	26	2a. Mailing Address 1001 Old Tomoka Rd	3.	Date Incorporated or Qualified 01/14/1993	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 59-3162330	
23	City & State Ormond Beach, FL	28	City & State Ormond Beach, FL	5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip 32174	25	Country US	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9.	Name and Address of Current Registered Agent DAVIS, LEONARD A 59 KEYTON DR DAYTONA BEACH FL 32124	10.	Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1001 Old Tomoka Rd 83 84 City Ormond Beach FL 85 Zip Code 32174
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LEONARD A	1.2 NAME	
STREET ADDRESS	59 KEYTON DR	1.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP	DAYTONA BEACH FL 32124	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, KATHY	2.2 NAME	
STREET ADDRESS	59 KEYTON DR	2.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP	DAYTONA BEACH FL 32124	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCO, ROBERT	3.2 NAME	
STREET ADDRESS	59 KEYTON DR	3.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP	DAYTONA BEACH FL 32124	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VA <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA NASSER	4.2 NAME	LINDA NASSER
STREET ADDRESS		4.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 03/26/99 DAYTIME PHONE: 904-2481773
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/1/98