

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715715

FILED
Mar 23, 2009
Secretary of State

Entity Name: KING'S MOORINGS ASSOCIATION, INC.

Current Principal Place of Business:

4500 37TH ST. SO.
301
ST. PETERSBURG FL., 33711 US

Current Mailing Address:

4175 E. BAY DR.
205
CLEARWATER, FL 33764 US

New Principal Place of Business:

4585 140TH AVE NO
1012
CLEARWATER, FL 33762 US

New Mailing Address:

4585 140TH AVE NO
1012
CLEARWATER, FL 33762 US

FEI Number: 62-0863297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 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: SD () Delete
Name: BRITNELL, JOAN
Address: 4500 37TH ST SO #305
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: PD () Delete
Name: FOSTER, LARRY
Address: 4500 37TH AVE. SO. #107
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VPTD () Delete
Name: NOBLES, G E
Address: 4500 37TH AVE. SO. #201
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HAMBERG, BRENDA
Address: 4500 37TH ST SO #203
City-St-Zip: SAINT PETERSBURG, FL 33711

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

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

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: LARRY FOSTER

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date