

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716197

FILED  
Apr 04, 2008  
Secretary of State

**Entity Name:** CHRIST'S KINGDOM LIFE CENTER INTERNATIONAL INC.

**Current Principal Place of Business:**

5431 MAYO STREET.  
HOLLYWOOD, FL 330218000

**New Principal Place of Business:**

**Current Mailing Address:**

5431 MAYO STREET.  
HOLLYWOOD, FL 330218000

**New Mailing Address:**

**FEI Number:** 05-0113316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROWN, LESLIE III  
5431 MAYO STREET  
HOLLYWOOD, FL 33021 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: BROWN, LESLIE III  
Address: 5431 MAYO ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete  
Name: FUSSELL, ROTHEN  
Address: 1051 NW 185TH DRIVE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: BARRY, PATRICIA  
Address: 2730 BUTTOWNWOOD AVE.  
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete  
Name: CURRIE, TONY A.  
Address: 1041 S. W. 191 LANE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: BUSSEY, MICHAEL  
Address: 6911 SW 10TH COURT  
City-St-Zip: N.LAUDERDALE, FL 33068

**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: ( ) 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: PATRICIA THOMPSON

O M

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date