

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716197

FILED
Mar 22, 2009
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:

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

OFFI

03/22/2009

Electronic Signature of Signing Officer or Director

Date