

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001237

FILED
Jan 09, 2008
Secretary of State

Entity Name: KING DAVID FOUNDATION, INC.

Current Principal Place of Business:

17971 BISCAYNE BLVD
STE 117-116
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17971 BISCAYNE BLVD
STE 117-116
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 03-0400216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARELA, ROSA
2801 NE 183 STREET
SUITE 1611W
AVENTURA, FL 33160 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: O () Delete
Name: RODRIGUEZ, MARIA
Address: 1690 NE 168 ST
City-St-Zip: MIAMI, FL 33162

Title: O () Delete
Name: VARELA, ROSA
Address: 1690 NE 168 ST
City-St-Zip: MIAMI, FL 33162

Title: O () Delete
Name: LOWE, SONIA
Address: 7155 WEST 2ND WAY
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: CALERO, TERESITA
Address: 7707 N.W. SECOND AVENUE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: GITONGA, STEVE BS
Address: 11448 SW 18 CT
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: GINES, VENUS MS
Address: 3605 SANDY PLAINS RD # 240
City-St-Zip: MARIETTA, GA 33006

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:

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: ROSA VARELA

O

01/09/2008

Electronic Signature of Signing Officer or Director

Date