2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002317

Entity Name: KING'S KIDS CHRISTIAN ACADEMY, INC.

FILED Apr 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3341 NW 189 STREET MIAMI, FL 33055 **Current Mailing Address: New Mailing Address:** 3341 NW 189 STREET 3520 NW 170 STREET MIAMI, FL 33055 MIAMI, FL 33056 FEI Number: 65-1125216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, ARILICIA SHERIFF, TABATHA 270 NW 159 STREET 3341 NW 189 STREET MIAMI, FL 33055 MIAMI, FL 33169 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: TABATHA SHERIFF 04/11/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition TITUS, JANICE Name: Name: Address: Address: 3940 NW 185 STREET City-St-Zip: City-St-Zip: MIAMI, FL 33055 Title: Title: **TRUS** () Change (X) Addition () Delete Name: Name: BRANCH, ROOSEVELT Address: Address: 10205 NW 10 AVE City-St-Zip: City-St-Zip: MIAMI, FL 33150 Title: () Delete Title: DIRE () Change (X) Addition MINCY, JUANITA Name: Name: 2527 OPA-LOCKA BLVD Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33055 Title: () Delete Title: **PRES** () Change (X) Addition Name: Name: WILLIAMS, ARILICIA S 3520 NW 170 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: **VPRE** () Change (X) Addition RILEY, JAMES Name: Name: 16235 NW 40 CT. Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33055 Title: () Delete Title: () Change (X) Addition PRITTCETT, LINDA Name: Name: Address: Address: 1230 NE 158 STREET MIAMI, FL 33162 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARILICIA WILLIAMS PRES 04/11/2002