

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002317

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

2818 NW 169 TERR
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2818 NW 169 TERR
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-1125216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DERRICK
3520 NW 170 ST.
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

WILLIAMS, DERRICK
2818 NW 169 TERRACE
MIAMI, FL 33056 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIRE () Delete
Name: POSTELL, SHRONDA
Address: 2011 RUTLAND ST
City-St-Zip: OPA LOCKA, FL 33054

Title: TRUS () Delete
Name: LEWIS, ORLANDO
Address: 800 NE 195 ST APT 715
City-St-Zip: MIAMI, FL 33179

Title: DIRE () Delete
Name: RILEY, KATRINA
Address: 16235 N W 40 CT
City-St-Zip: MIAMI, FL 33055

Title: PRES () Delete
Name: WILLIAMS, ARILICIA S
Address: 3520 NW 170 STREET
City-St-Zip: MIAMI, FL 33056

Title: VPRE () Delete
Name: WILLIAMS, DERRICK
Address: 3520 NW 170 ST
City-St-Zip: MIAMI, FL 33056

Title: DIRE () Delete
Name: JAMES, RILEY
Address: 16235 NW 40 CT
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIRE (X) Change () Addition
Name: VALDESPINO, JANET
Address: 270 NW 159 ST
City-St-Zip: MIAMI, FL 33055

Title: PRES (X) Change () Addition
Name: WILLIAMS, ARILICIA S
Address: 978 NW 204 STREET
City-St-Zip: MIAMI, FL 33056

Title: VPRE (X) Change () Addition
Name: WILLIAMS, DERRICK
Address: 978 NW 204 STREET
City-St-Zip: MIAMI, FL 33056

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: ARILICIA WILLIAMS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date