2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003
Secretary of State

DOCUMENT# N01000002317

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

Current Principal Place of Business:

3341 NW 189 STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

3520 NW 170 STREET
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:

SHERIFF, TABATHA
270 NW 159 STREET
MIAMI, FL 33169

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:	DIRE	( ) Delete
Name:	TITUS, JANICE	
Address:	3940 NW 185 STREET	
City-St-Zip:	MIAMI, FL 33055	
Title:	TRUS	( ) Delete
Name:	BRANCH, ROOSEVELT	
Address:	10205 NW 10 AVE	
City-St-Zip:	MIAMI, FL 33150	
Title:	DIRE	( ) Delete
Name:	MINCY, JUANITA	
Address:	2527 OPA-LOCKA BLVD	
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:	RILEY, JAMES	
Address:	16235 NW 40 CT.	
City-St-Zip:	MIAMI, FL 33055	
Title:	DIRE	( ) Delete
Name:	PRITTCETT, LINDA	
Address:	1230 NE 158 STREET	
City-St-Zip:	MIAMI, FL 33162	

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 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 04/18/2003

Electronic Signature of Signing Officer or Director — Date