

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90140 033 ****61.25

DOCUMENT # N01000003378

1. Entity Name

KINGDOM KIDS, INC.



Principal Place of Business

**6415-C NORTH PEARL ST.
JACKSONVILLE FL 32208**

Mailing Address

**6415-C NORTH PEARL ST.
JACKSONVILLE FL 32208**

2. Principal Place of Business

6415-C North Pearl St.

3. Mailing Address

6415-C North Pearl St.

Suite, Apt. #, etc.

N.A.

Suite, Apt. #, etc.

N.A.

City & State

JACKSONVILLE, Florida

City & State

JACKSONVILLE, Florida

Zip

32208

Country

Dural

Zip

32208

Country

Dural

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3721088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRINKLEY, DEBORAH A
6415-C NORTH PEARL ST.
JACKSONVILLE FL 32208**

**Res. Address
11780 Mallard Lane
Jax, Fla. 32218**

7. Name and Address of New Registered Agent

Name

N.A.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah A. Brinkley

5-01-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPEIGHT, ANTHONY L**
STREET ADDRESS **6415-C NORTH PEARL ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
NAME **MOORE, VANESSA**
STREET ADDRESS **6415-C NORTH PEARL ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
NAME **HENDLEY, LONNIE B**
STREET ADDRESS **1388 AGNES RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Speight, Anthony L. Dr.**
STREET ADDRESS **6415-C North Pearl St.**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **MOORE, VANESSA**
STREET ADDRESS **10349 PLANTERS WOOD DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **Officer** ☒ Change ☐ Addition
NAME **LONNIE B. Hendley**
STREET ADDRESS **1388 Agnes Rd**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

Deborah A. Brinkley

**904-349-2551
X 5-0103 904-766-4923**

CR2E037 (10/02)