

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90074 006 ****61.25

DOCUMENT # N01000005244

1. Entity Name
KINGDOM KIDS AT CROSSROAD, INC.



Principal Place of Business
**10005 GATE PARKWAY NORTH
JACKSONVILLE, FL 32246**

Mailing Address
**10005 GATE PARKWAY NORTH
JACKSONVILLE, FL 32246**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3735271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITMIRE, ROBERT L
3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

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 **PAXSON, SUSAN**
STREET ADDRESS **10005 GATE PARKWAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Delete
NAME **NELSON, CAROLYN**
STREET ADDRESS **10005 GATE PARKWAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **TD** ☒ Delete
NAME **GARVIN, RENEE**
STREET ADDRESS **7665 ROYAL CREST DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **D** ☐ Delete
NAME **FIERBAUGH, DONNA**
STREET ADDRESS **445 ST JOHNS GOLF DR**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32092**

TITLE **D** ☐ Delete
NAME **BARRON, TRACI**
STREET ADDRESS **10005 GATE PARKWAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **SD** ☐ Delete
NAME **RATHBURN, KATHY**
STREET ADDRESS **10005 GATE PARKWAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **JENNIFER DAVEY**
STREET ADDRESS **3702 HAWKS Bay Ct.**
CITY-ST-ZIP **Jacksonville, FL 32224**

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

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 exemptions contained 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 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:

Carolyn Nelson

CAROLYN NELSON

2/14/06 904-493-1240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #