

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 011 ****61.25

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|--|---|--|--|---|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 01082008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-3735271 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required... | |
| 6. Name and Address of Current Registered Agent WHITMIRE, ROBERT L 3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207 | | | | 7. Name and Address of New Registered Agent Name CAROLYN M. NELSON Street Address (P.O. Box Number is Not Acceptable) 10005 GATE PARKWAY N City JACKSONVILLE FL Zip Code 32246 | |
| 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 <u><i>Carolyn M. Nelson</i></u> CAROLYN M. NELSON 4/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAXSON, SUSAN 10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sandra Sprague 10005 Gate Parkway N Jacksonville FL 32246 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NELSON, CAROLYN 10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DAVEY, JENNIFER 3702 HAWKS BAY CT JACKSONVILLE, FL 32224 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIERBAUGH, DONNA 445 ST JOHNS GOLF DR SAINT AUGUSTINE, FL 32092 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARRON, TRACI 10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RATHBURN, KATHY 10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Carolyn M. Nelson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 4/8/08 904-448-1288 <small>Date Daytime Phone #</small> | |

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