

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001062

FILED
Apr 15, 2009
Secretary of State

Entity Name: KISSING COUSINS CHARITY ORGANIZATION, INC.

Current Principal Place of Business:

4010 W. LEMON ST.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4010 W. LEMON ST.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 32-0059630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TESTA, PHILIP J SR
4726-B N. LOIS AVE.
TAMPA, FL FL US

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: PT () Delete
Name: MONGIOVI, RICHARD J JR
Address: 4010 LEMON ST.
City-St-Zip: TAMPA, FL 33609

Title: VS () Delete
Name: MONGIOVI, MELISSA
Address: 4010 LEMON ST.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONGIOVI, RICHARD J JR
Address: 4010 LEMON ST.
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: MONGIOVI, MELISSA
Address: 4010 LEMON ST.
City-St-Zip: TAMPA, FL 33609

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: MELISSA MONGIOVI

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date