

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001188

FILED
Mar 23, 2009
Secretary of State

Entity Name: DAVID AND TERRI'S KINGDOM FINANCE ACCOUNT INC.

Current Principal Place of Business:

441 SEMINOLE RD.
BABSON PARK, FL 33827

New Principal Place of Business:

Current Mailing Address:

441 SEMINOLE RD.
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 26-0060512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHADSEY, THERESA A
441 SEMINOLE ROAD
BABSON PARK, FL 33827 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: T () Delete
Name: CHADSEY, THERESA A
Address: 17408 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711 US

Title: TVP () Delete
Name: CHADSEY, DAVID T
Address: 17408 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Delete
Name: FAULKNER, ROBIN
Address: 26934 INDIAN RIDGE
City-St-Zip: YALAHA, FL 34797

Title: D () Delete
Name: COX, DAVID
Address: 514 N. WOODLANDS ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: DIR () Delete
Name: LIPSCOMB, SCOTT
Address: 1622 E. SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: DIR () Delete
Name: LIPSCOMB, DIANE
Address: 1622 E. SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

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
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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 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: DAVID CHADSEY

Electronic Signature of Signing Officer or Director

MR.

03/23/2009

Date