## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006202

FILED Jan 16, 2009 Secretary of State

Entity Name: THE KINGDOM AGENDA WORSHIP CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 850 IVES DAIRY ROAD **SUITE T19-21** MIAMI, FL 33179 **Current Mailing Address: New Mailing Address:** 850 IVES DAIRY ROAD SUITE T19-21 MIAMI, FL 33179 FEI Number: 11-3695225 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, SYLVIA 2103 MADISON STREET HOLLYWOOD, FL 33020 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WHITE, FELICIA FRECKLETON, FELICIA Name: Name: 3605 NE 207TH STREET #4114 Address: 20993 NE 30TH COURT Address: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: TD () Delete Title: () Change () Addition CLARK, SYLVIA Name: Name: Address: 2103 MADISON STREET #1 Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition DIMANCHE, ALEXIS Name: Name: Address: 3605 NE 207TH STREET #4303 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DIMANCHE, FRANK Name: 3605 NE 207TH STREET #4303 Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: CD () Delete Title: SD (X) Change ( ) Addition RIVERS, VERNON BROWN-HENDERSON, MARY K Name: Name: 511 IVES DAIRY ROAD 17110 NW 46TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: MIAMI, FL 33056 Title: (X) Delete Title: () Change () Addition STUBBS, CHRISTINE Name: Name: Address: 1280 NE 211TH STREET Address: MIAMI, FL 33179 City-St-Zip: 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: SYLVIA CLARK TD 01/16/2009