

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007086

FILED
Jun 15, 2009
Secretary of State

Entity Name: KINGDOM CONCEPTS, INC.

Current Principal Place of Business:

2958 BELLFLOWER WAY
LAKELAND, FL 33811 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1844
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 20-0189179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCREE, KELVIN R
2958 BELLFLOWER WAY
LAKELAND, FL 33811 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:

Title: PRES () Delete
Name: MCCREE, KELVIN PASTOR
Address: 2958 BELLFLOWER WAY
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: MCCREE, EVETTE
Address: 2958 BELLFLOWER WAY
City-St-Zip: LAKELAND, FL 33811

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LEONARD, PRESTON D
Address: 2958 BELLFLOWER WAY
City-St-Zip: LAKELAND, FL 33811

Title: D () Change (X) Addition
Name: DAVIS, JACKIE
Address: 2958 BELLFLOWER WAY
City-St-Zip: LAKELAND, FL 33811

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: KELVIN MCCREE

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date