

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004079

FILED
Mar 02, 2009
Secretary of State

Entity Name: KINGS ADVENTIST CHAPEL, INC.

Current Principal Place of Business:

640 NW 73RD TERRACE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

640 NW 73RD TERRACE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1221303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, LYNDEN H DR
640 NW 73RD TERRACE
PLANTATION, FL 33317 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: EXD () Delete
Name: MCINTYRE, CHARLES
Address: 640 NW 73RD TERR
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: SDD () Delete
Name: CHAUDRY, RECORDER
Address: 640 NW 73RD TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: TD () Delete
Name: EDWARDS, SUSAN
Address: 640 NW 73RD TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: WALTON, HERMINE
Address: 640 NW 73RD TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: MCINTYRE, LEONARD
Address: 640 NW 73RD TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: CHAUDRY, PATRICK
Address: 640 NW 73RD TERRACE
City-St-Zip: PLANTATION, FL 33317

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
Name:
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: SUSAN EDWARDS

TD

03/02/2009

Electronic Signature of Signing Officer or Director

Date