

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006891

FILED
Sep 12, 2006
Secretary of State

Entity Name: KINGDOM KIDS OF TAMPA BAY, INC.

Current Principal Place of Business:

6429 SAWYER ROAD
TAMPA, FL 33634

New Principal Place of Business:

12933 RAIN FOREST STREET
TAMPA, FL 33617

Current Mailing Address:

6429 SAWYER ROAD
TAMPA, FL 33634

New Mailing Address:

12933 RAIN FOREST STREET
TAMPA, FL 33617

FEI Number: 27-0106350 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:

JAMES, BONNIE C
6429 SAWYER ROAD
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

JAMES, BONNIE C
12933 RAIN FOREST STREET
TAMPA, FL 33617 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: _____

09/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, BONNIE C
Address: 6429 SAWYER ROAD
City-St-Zip: TAMPA, FL 33634 US

Title: VP () Delete
Name: JAMES, MICHAEL L
Address: 6429 SAWYER ROAD
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: MOREAU, DOREEN
Address: 8709 LAKE PLACE LANE
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: WILLIAMSON, DARRYL
Address: 5207 SEMINOLE AVE.
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: PARKER, DEE DEE
Address: 3335 GULF BLVD.
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: ASHFORD, SHETAY N
Address: 913 DOUBLE FILE TRAIL
City-St-Zip: ROUND ROCK, TX 78664

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES, BONNIE C
Address: 12933 RAIN FOREST STREET
City-St-Zip: TAMPA, FL 33617 US

Title: VP (X) Change () Addition
Name: JAMES, MICHAEL L
Address: 12933 RAIN FOREST STREET
City-St-Zip: TAMPA, FL 33617

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 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: BONNIE C. JAMES

P

09/12/2006

Electronic Signature of Signing Officer or Director

Date