

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009572

FILED
Feb 02, 2009
Secretary of State

Entity Name: KINGDOM LIFE INTERNATIONAL CHURCH INC

Current Principal Place of Business:

1830 NORTH MAIN ST.
KISSIMMEE, FL 34744

New Principal Place of Business:

811 N. CENTRAL AVENUE
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 450097
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 20-1727295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, MICHAEL A
3313 WEST SHORE DRIVE
ST. CLOUD, FL 34772 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: PD () Delete
Name: PHILLIPS, MICHAEL A
Address: 3313 WEST SHORE DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: VD () Delete
Name: PHILLIPS, SAMANTHA
Address: 3313 WEST SHORE DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: SD () Delete
Name: MADDOX, KIMBERLY C DR.
Address: PO BOX 423035
City-St-Zip: KISSIMMEE, FL 34745

Title: TD () Delete
Name: OTERO, JUAN A
Address: 3974 MARIETTA WAY
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: BROWN, DAIN
Address: 586 IMPERIAL PLACE
City-St-Zip: POINCIANA, FL 34758

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:

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: MICHAEL A. PHILLIPS

PD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date