

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009735

FILED
Jan 16, 2009
Secretary of State

Entity Name: KINGDOM DOMINION ABUNDANT LIFE CENTER, INC.

Current Principal Place of Business:

1431 PALMWAY ST
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

PO BOX 450991
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 06-1732737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, SEAN C SR
1603 WOOD VIOLET DR
ORLANDO, FL 32824 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: P () Delete
Name: JOHNSON, SEAN C SR
Address: 1603 WOOD VIOLET DR
City-St-Zip: ORLANDO, FL 32824

Title: V () Delete
Name: MCDUFFIE, JOHN D
Address: 2362 HEATHER AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: ASHLEY, ANDRE
Address: 2670 SAMPLE ST
City-St-Zip: KISSIMMEE, FL 34744

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:

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: SEAN C. JOHNSON

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date