

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005715

FILED  
Mar 30, 2007  
Secretary of State

Entity Name: KIDS KICKIN' IT FOR CHRIST MINISTRY, INC.

## Current Principal Place of Business:

3209 SW PORT ST. LUCIE BLVD PMB 133  
PORT ST LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

3209 SW PORT ST. LUCIE BLVD PMB 133  
PORT ST LUCIE, FL 34953

## New Mailing Address:

FEI Number: 01-0866951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSIOR, MARLENE  
3686 SW ROSARDO ST  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

MUSIOR, MARLENE PD  
3686 SW ROSARDO ST  
PORT ST LUCIE, FL 34953 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: MARLENE MUSIOR

03/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MUSIOR, MARLENE  
Address: 3686 SW ROSARDO ST  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VD ( ) Delete  
Name: MICKLEY, NICOLE  
Address: 14551 DAFFODIL DR #1701  
City-St-Zip: FT MEYERS, FL 33919

Title: TD ( ) Delete  
Name: HILDRETH, JULIE  
Address: 2816 SW BREA PAW TR  
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete  
Name: DURHAM, ROXANNE  
Address: 772 NW DUPRE ST  
City-St-Zip: PORT ST LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: MICKLEY, NICOLA  
Address: 14551 DAFFODIL DR #1701  
City-St-Zip: FT MEYERS, FL 33919

Title: TD (X) Change ( ) Addition  
Name: HILDRETH, JULIE  
Address: 2816 SW BEARPAW TR  
City-St-Zip: PALM CITY, FL 34990

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: MARLENE MUSIOR

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date