

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005715

FILED
Mar 20, 2009
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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 PD
3686 SW ROSARDO ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

MUSIOR, MARLENE PD
1544 SW ESCOBAR LN
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:

03/20/2009

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, NICOLA
Address: 14551 DAFFODIL DR #1701
City-St-Zip: FT MEYERS, FL 33919

Title: TD () Delete
Name: HILDRETH, JULIE
Address: 2816 SW BEARPAW 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: P (X) Change () Addition
Name: MUSIOR, MARLENE
Address: 1544 SW ESCOBAR LN
City-St-Zip: PORT ST LUCIE, FL 34953

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: MARLENE F. MUSIOR

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date