2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N06000009345

Entity Name: THE KINGDOM CENTER INTERNATIONAL, INC.

Current Principal Place of Business:

720 S. MAIN STREET
A & B
LA BELLE, FL 33935

New Principal Place of Business:

120 COLLEGE ST
LA BELLE, FL 33935

Current Mailing Address:

P.O. BOX 2895
LA BELLE, FL 33975

New Mailing Address:

FEI Number: 20-5489384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAFT, SHANNON L
435 5TH AVE
LA BELLE, FL 33935 US

Name and Address of New Registered Agent:

CRAFT, SHANNON L
5071 NE TRADEWINDS CIRCLE
LA BELLE, FL 33935 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: SHANNON CRAFT 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRAFT, SHANNON L
Address: P.O. BOX 2895
City-St-Zip: LA BELLE, FL 33975

Title: D ( ) Delete
Name: CRAFT, NICHOLE L
Address: P.O. BOX 2895
City-St-Zip: LA BELLE, FL 33975

Title: D ( ) Delete
Name: CRAFT, LINDA R
Address: P.O. BOX 1241
City-St-Zip: LA BELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRAFT, SHANNON L
Address: P.O. BOX 2895
City-St-Zip: LA BELLE, FL 33975

Title: D (X) Change ( ) Addition
Name: JOHNS, LONNIE J
Address: 217 SW DYAL AVE
City-St-Zip: LAKE CITY, FL 32024

Title: D (X) Change ( ) Addition
Name: LUCKEY, LARRY R SR.
Address: P.O. BOX 2895
City-St-Zip: LA BELLE, FL 33975

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: SHANNON L. CRAFT PRES 01/16/2009
Electronic Signature of Signing Officer or Director Date