

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007921

FILED  
Jul 29, 2009  
Secretary of State

Entity Name: GOD'S FAMILY CHURCH KAWIKA INCORPORATED

## Current Principal Place of Business:

10815 PETER AVE  
HUDSON, FL 34667 US

## New Principal Place of Business:

17055 SPRING HILL DRIVE  
SPRING HILL, FL 34604 US

## Current Mailing Address:

10815 PETER AVE  
HUDSON, FL 34667 US

## New Mailing Address:

578 WINTHROP DRIVE  
SPRING HILL, FL 34609 US

FEI Number: 26-0716835      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GOD'S FAMILY CHURCH  
10815 PETER AVE  
HUDSON, FL 34667 US

## Name and Address of New Registered Agent:

GOD'S FAMILY CHURCH  
17055 SPRING HILL DRIVE  
SPRING HILL, FL 34604 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: SALINA LARSEN

07/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EVA, KENNETH K SR.  
Address: 10815 PETER AVE  
City-St-Zip: HUDSON, FL 34667 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EVA, KENNETH K  
Address: 10815 PETER AVE  
City-St-Zip: HUDSON, FL 34667 US

Title: VP ( ) Change (X) Addition  
Name: LARSEN, BRIAN D  
Address: 578 WINTHROP DRIVE  
City-St-Zip: SPRING HILL, FL 34609 US

Title: D ( ) Change (X) Addition  
Name: LARSEN, SALINA K  
Address: 578 WINTHROP DRIVE  
City-St-Zip: SPRING HILL, FL 34609 US

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: SALINA LARSEN

D

07/29/2009

Electronic Signature of Signing Officer or Director

Date