

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001301

FILED
Apr 28, 2009
Secretary of State

Entity Name: KINGDOM BUILDERS OF DADE CITY, INC.

Current Principal Place of Business:

12835 GRAND TRAVERSE DR
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

12835 GRAND TRAVERSE DR
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 26-1960009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILTON, DEBRA G
12835 GRAND TRAVERSE DR
DADE CITY, FL FL 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: MILTON, DEBRA G
Address: 12835 GRAND TRAVERSE DR
City-St-Zip: DADE CITY, FL 33525 US

Title: ST () Delete
Name: MILTON, VANCE L
Address: 12835 GRAND TRAVERSE DR
City-St-Zip: DADE CITY, FL 33525 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILTON, DEBRA G
Address: 12835 GRAND TRAVERSE DR
City-St-Zip: DADE CITY, FL 33525 US

Title: DV (X) Change () Addition
Name: MILTON, VANCE L
Address: 12835 GRAND TRAVERSE DR
City-St-Zip: DADE CITY, FL 33525 US

Title: DS () Change (X) Addition
Name: BALLARD, NICOLE
Address: 18531 HARVEL LN
City-St-Zip: DADE CITY, FL 33523 US

Title: DT () Change (X) Addition
Name: LELARUE, GREG
Address: 31245 REED RD
City-St-Zip: DADE CITY, FL 33523 US

Title: D () Change (X) Addition
Name: REEVES, KEN
Address: 11103 MAVERICK DR
City-St-Zip: DADE CITY, FL 33525 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: DEBRA MILTON

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date