2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N95000005515

Entity Name: KINGDOM LIFE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

2004 BENEDICT RD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9148
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-3334350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, DIANE
2004 BENEDICT RD
JACKSONVILLE, FL 32209 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: SD ( ) Delete
Name: BATTLE, FAYE A
Address: 3652 ANTAR RIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete
Name: ROSS, SHAUN A
Address: 3556 HICKORY NUT STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: PCEO ( ) Delete
Name: SMITH CLARK, DIANE
Address: P.O. 9321
City-St-Zip: JACKSONVILLE, FL 32208

Title: DV (X) Delete
Name: AIKEN, THOMAS J
Address: 169 DIXIE LAKE ROAD
City-St-Zip: FOLKSTON, GA 31537

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DR. DIANE CLARK CEO 04/08/2009
Electronic Signature of Signing Officer or Director Date