2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N98000003515

Entity Name: KINGDOM INTERNATIONAL FAITH CENTER, INC.

Current Principal Place of Business:

6027 NW 22 AVE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

16254 SW 18 PL
HOLLYWOOD, FL 33027 US

New Mailing Address:

FEI Number: 65-0844842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWKINS, LEE
16254 SW 18TH PL
MIRAMAR, FL 33027 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:	PD	( ) Delete
Name:	HAWKINS, LEE	
Address:	16254 SW 18TH PL	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	CD	( ) Delete
Name:	WALLACE HAWKINS, JORETTA	
Address:	16254 SW 18TH PL	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	VCD	( ) Delete
Name:	HAYNES, ERIC	
Address:	P O BOX 491123[	
City-St-Zip:	FT LAUDERDALE, FL 33346	
Title:	DS	( ) Delete
Name:	JOHNSON, CYNTHIA	
Address:	7936 ORLEANS ST	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	D	( ) Delete
Name:	LEVY, CHARLES ESQ	
Address:	400 E ATLANTIC BLVD	
City-St-Zip:	POMPANO BEACH, FL	
Title:	D	( ) Delete
Name:	DEL ROSARIO, JACQUELINE	
Address:	10800 SW 135TH TERR	
City-St-Zip:	MIAMI, FL	

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:	
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: JORETTA WALLACE HAWKINS CD 04/10/2009

Electronic Signature of Signing Officer or Director — Date