2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N98000006663

Entity Name: THE KING'S COURT CHRISTIAN DANCE MINISTRY, INC.

Current Principal Place of Business:

2913 E. GINGER CT.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

PO BOX 600193
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-3545824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANDTKE, RENEE M
2913 E. GINGER CT.
JACKSONVILLE, FL 32259 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: D ( ) Delete
Name: HANDTKE, RENEE M
Address: 2913 E. GINGER CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: HANDTKE, PHIL S
Address: 2913 E. GINGER CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: DYER, SUSAN
Address: 13700 RICHMOND PARK DR, APT 906
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: RICKS, PAT
Address: 9230 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL 32226

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: RENEE HANDTKE D 01/20/2009
Electronic Signature of Signing Officer or Director — Date