2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90014 038 ****62.25

DOCUMENT # N03000008782

1. Entity Name
HALLELUJAH KINGDOM MINISTRIES, INC.

Principal Place of Business	Mailing Address
5900 DEWEY ST. HOLLYWOOD, FL 33023	7161 PEMPROKE RD. #600 PEMBROKE PINES, FL 33023

DO NOT WRITE IN THIS SPACE

02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
32-0077598
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE ONE SERVICES
7161 PEMBROKE RD #600
PEMBROKE PINES, FL 33023

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MC KAIN, GEORGE
STREET ADDRESS	19971 N. E. 5TH CT.
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	T
NAME	STEPHENSON, ARLINE
STREET ADDRESS	4529 S. W. 26TH ST.
CITY-ST-ZIP	W. PARK, FL 33023
TITLE	S
NAME	KEYE, ARTHUR
STREET ADDRESS	6121 S. W. 26TH ST.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP
NAME	STEPHENSON, WILLIAM
STREET ADDRESS	4529 S. W. 26TH ST.
CITY-ST-ZIP	W. PARK, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/15/08 954-574-7864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #