

2000 UNIFORM BUSINESS REPORT (UBR)

4/10/

FILED

Jun 29, 2000 8:00 am
Secretary of State

04-10-2000 90007 003 ****61.25

DOCUMENT # N99000005512

1. Entity Name

KINGDOM LIVING MINISTRIES, INC.

R

Principal Place of Business

20423 STATE ROAD SEVEN, SUITE 410
BOCA RATON FL 33495

Mailing Address

20423 STATE ROAD SEVEN, SUITE 410
BOCA RATON FL 33495-6797

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0952714

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DI BUCCI, THOMAS
20423 STATE ROAD SEVEN, SUITE 410
BOCA RATON FL 33495

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT P/T/S	☐ Delete
NAME	Tom DiBucci	
STREET ADDRESS	20423 STATE RD 7 #410	
CITY-ST-ZIP	BOCA RATON FL 33495	
TITLE	Vice President	☐ Delete
NAME	Tom DiBucci	
STREET ADDRESS	20423 STATE RD 7 #410	
CITY-ST-ZIP	BOCA RATON FL 33495	
TITLE	SECRETARY / TREASURER	☐ Delete
NAME	20423 STATE RD 7 #410	
STREET ADDRESS	BOCA RATON FL 33495	
CITY-ST-ZIP		
TITLE	D	☐ Delete
NAME	CYNDE DI BUCCI	
STREET ADDRESS	20423 STATE RD 7 #410	
CITY-ST-ZIP	BOCA RATON FL 33495	
TITLE	D	☐ Delete
NAME	Don Stickle	
STREET ADDRESS	20423 STATE RD 7 #410	
CITY-ST-ZIP	BOCA RATON, FL 33495	
TITLE	D	☐ Delete
NAME	Kendall Ropp	
STREET ADDRESS	20423 STATE RD 7 #410	
CITY-ST-ZIP	BOCA RATON, FL 33495	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02

Pratt

Date

Daytime Phone

CR2E037 (9/99)