

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006559

Entity Name: KINGDOM EMPOWERMENT CENTER, INC.**Current Principal Place of Business:**1867 NW 69 ST
MIAMI, FL 33147**Current Mailing Address:**PO BOX 681778
MIAMI, FL 33168**FEI Number:** 20-5266971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HESTER, SUZETTE
1867 NW 69 ST
MIAMI, FL 33147 US*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**Officer/Director Detail :**

Title	CEO
Name	HESTER, SUZETTE
Address	1867 NW 69ST
City-State-Zip:	MIAMI FL 33147

Title	PRESIDENT
Name	LIPSCOMB, MELVIN
Address	1867 NW 69 ST
City-State-Zip:	MIAMI FL 33147

Title	VP
Name	WRIGHT, RUBIN
Address	1689 NW 191ST TERRACE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	SECRETARY
Name	JENKINS, KIARRA
Address	3484 FOXCROFT ROAD
City-State-Zip:	MIRAMAR FL 33025

Title	DEACON
Name	WILSON, RAYMOND
Address	6217 NW 4TH AVE
City-State-Zip:	MIAMI FL 33150

Title	ASST. TREASURER
Name	WRIGHT, FARRAH
Address	1689 NW 191ST TERRACE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	ASST. SECRETARY
Name	KELLOM, SETONYA
Address	1153 NW 47TH TERRACE
City-State-Zip:	MIAMI FL 33127

I hereby 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 all other like empowered.

SIGNATURE: SUZETTE HESTER

CEO

03/12/2018

Electronic Signature of Signing Officer/Director Detail_____
Date