

2019 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:**1867 NW 69 ST
MIAMI, FL 33147 US**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	TREASURER, ASST. SECRETARY
Name	WRIGHT, FARRAH
Address	1689 NW 191ST TERRACE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	SECRETARY
Name	BRITTON, NAEEMA
Address	315 SW 54TH DRIVE
City-State-Zip:	GAINEVILLE FL 32607

Title	PASTOR
Name	CARTER, PEGGY S
Address	5530 NW 17TH AVE
City-State-Zip:	MIAMI FL 33142

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

04/04/2019

Electronic Signature of Signing Officer/Director Detail_____
Date