

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005239

Entity Name: KINGDOM RESTORATION INC.**Current Principal Place of Business:**4238 NARVAREZ WAY S
2715 2ND AVENUE S
ST. PETERSBURG, FL 33712**Current Mailing Address:**P O BOX 11172
ST. PETERSBURG, FL 33733 US**FEI Number:** 26-0241414**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DANIELS, SHURREA C
4238 NARVAREZ WAY SOUTH
ST. PETERSBURG, FL 33712 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	PRESIDENT
Name	DANIELS, SHURREA PASTOR
Address	4238 NARVAREZ WAY SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

Title	DIRECT
Name	DANIELS, EDWARD
Address	4238 NARVAREZ WAY S 2715 2ND AVENUE S
City-State-Zip:	ST. PETERSBURG FL 33712

Title	SECRETARY
Name	SANDERS, KRYSTAL
Address	P O BOX 11172
City-State-Zip:	SAINT PETERSBURG FL 33733

Title	TREASURER
Name	HARRIS, ANGELA
Address	4223 NARVAREZ WAY S
City-State-Zip:	ST PETERSBURG FL 33712

Title	ASST. TREASURER
Name	SIMMONS, ALVIE
Address	P O BOX 11172
City-State-Zip:	ST. PETERSBURG FL 33733

Title	EXECUTIVE SECRETARY
Name	ISHAM, MARY
Address	P O BOX 11172
City-State-Zip:	ST. PETERSBURG FL 33733

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: SHURREA DANIELS

PRESIDENT

03/09/2017

Electronic Signature of Signing Officer/Director Detail

Date