

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000470

Entity Name: BUILD MY KINGDOM MINISTRIES, INC.**Current Principal Place of Business:**1664 MOHAWK AVENUE
FORT MYERS, FL 33916**Current Mailing Address:**844 S.W. 30TH TERRACE
CAPE CORAL, FL 33914**FEI Number: 27-4623533****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, DAVID L
844 S.W. 30TH TERR.
CAPE CORAL, FL 33914 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 | F/P, PASTOR |
| Name | THOMAS, DAVID L |
| Address | 844 S.W. 30TH TERR. |
| City-State-Zip: | CAPE CORAL FL 33914 |

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|-----------------|---------------------|
| Title | VP/S, PASTOR |
| Name | THOMAS, CELESTINE G |
| Address | 844 S.W. 30TH TERR. |
| City-State-Zip: | CAPE CORAL FL 33914 |

| | |
|-----------------|----------------------|
| Title | BM/T |
| Name | RODRIGUEZ, GENEVA G |
| Address | 1308 BROOKHILL DRIVE |
| City-State-Zip: | FORT MYERS FL 33916 |

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|-----------------|---------------------|
| Title | BM |
| Name | GILLINGS, RUDOLPH |
| Address | 1664 MOHAWK AVENUE |
| City-State-Zip: | FORT MYERS FL 33916 |

| | |
|-----------------|-----------------------------|
| Title | BM |
| Name | LEE, VERNIA |
| Address | 2551 JACKSON STREET, APT. 1 |
| City-State-Zip: | FORT MYERS FL 33901 |

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: DAVID L. THOMAS**FOUNDER/PRESIDENT/PA 03/06/2019
STOR**_____
Electronic Signature of Signing Officer/Director Detail_____
Date