

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001539

Entity Name: KINGDOM WAY MINISTRIES, INC.

Current Principal Place of Business:

5115 47TH PL. N.
WEST PALM BEACH, FL 33407

Current Mailing Address:

P O BOX 1802
WEST PALM BEACH, FL 33402

FEI Number: 61-1660622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOKS, CLOTILLA
4113 HEATH CIRCLE SOUTH
WEST PALM BEACH, FL 33407 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, PASTOR
Name BROOKS, DANIEL
Address 4113 HEATH CIRCLE SOUTH
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER, DIRECTOR
Name JASTROME, KIMBERLY
Address 6036 ADRIATIC WAY
City-State-Zip: WEST PALM BEACH FL 33413

Title SECRETARY, DIRECTOR
Name BERRY, MYESHA
Address 6917 WILLOW CREEK RUN
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name HOLLOMAN, BARBARA
Address 1116 GREEN PINE BLVD
 B2
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name BERRY, MYESHA
Address 6917 WILLOW CREEK RUN
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name KERR, NATHAN
Address 4815 SARATOGA
City-State-Zip: WEST PALM BEACH FL 33415

Title DEACON, DIRECTOR
Name DORSEY, ALFRED
Address 4837 TORTUGA DRIVE
City-State-Zip: WEST PALM BEACH FL 33407

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: DANIEL BROOKS

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date