

**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