

**2016 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:** Yes**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	PD
Name	BROOKS, DANIEL
Address	4113 HEATH CIRCLE SOUTH
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SECRETARY, DIRECTOR
Name	WILLIAMS, JANE P
Address	931 - 33RD ST
City-State-Zip:	WEST PALM BEACH FL 33407

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

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

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

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

*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****04/30/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date