

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006206

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**2670502656CC**

**Entity Name:** THY KINGDOM COME (MAT. 6.10) INTERNATIONAL PRAYER MINISTRY INC.

**Current Principal Place of Business:**

3801 REDS GAIT LN  
SUITE 101  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

3801 REDS GAIT LN  
SUITE 101  
JACKSONVILLE, FL 32223

**FEI Number: 61-1687032**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THYKADAVIL, KURIAN  
3801 REDS GAIT LN  
SUITE 101  
JACKSONVILLE, FL 32223 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 CHAIRMAN, DIRECTOR  
Name ZACHARIA, JOSE  
Address 8775 MARLA MOOR LANE  
City-State-Zip: WEST PALM BEACH FL 33412

Title PRESIDENT, DIRECTOR  
Name THYKADAVIL, KURIAN  
Address 3801 REDS GAIT LN  
City-State-Zip: JACKSONVILLE FL 32223-4051

Title DIRECTOR  
Name JOSE, MARYKUTTY  
Address 2185 WEST ST  
City-State-Zip: BROOKLYN NY 11223-4743

Title TREASURER, DIRECTOR  
Name PHILIP, MATHEN  
Address 2615 BLACK LAKE BLVD  
City-State-Zip: WINTER GARDEN FL 34787

Title SECRETARY, DIRECTOR  
Name PHILIP, SHAILA  
Address 2615 BLACK LAKE BLVD  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name ISAAC, RONY  
Address 1262 FULLER ST.  
City-State-Zip: PHILADELPHIA PA 19111

Title DIRECTOR  
Name ISAAC, RANI  
Address 1262 FULLER ST.  
City-State-Zip: PHILADELPHIA PA 19111

Title DIRECTOR  
Name VATTAMAKAL, THOMAS PETER  
Address 38 CAMELOT RIDGE DR.  
City-State-Zip: BRANDON FL 33511

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*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: KURIAN THYKADAVIL**

**PRESIDENT**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            PAREL, JOHN MATHEW

Address        15515 ROLLING MEADOWS CIRCLE

City-State-Zip: WELLINGTON FL 33414