

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006767

Entity Name: KINGDOM MINDED ASSOCIATION OF CHURCHES, INC.

Current Principal Place of Business:

8800 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Current Mailing Address:

327 HAMMOCK GROVE COURT
ST. JOHNS, FL 32259

FEI Number: 47-4473634

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, WALTER M JR.
327 HAMMOCK GROVE COURT
ST. JOHNS, FL 32259 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 P
Name BROWN, WALTER M JR.
Address 327 HAMMOCK GROVE COURT
City-State-Zip: JACKSONVILLE FL 32259

Title VP
Name JACKSON, ARMONDO
Address 2126 CHEROKEE COVE TRAIL
City-State-Zip: JACKSONVILLE FL 32221

Title VP
Name SIMS, ANTHONY
Address 6926 PLAYPARK TRAIL
City-State-Zip: JACKSONVILLE FL 32244

Title VP
Name KIMBALL, H A
Address 11245 ROBERT MASTER COURT
City-State-Zip: JACKSONVILLE FL 32218

Title T
Name STUCKEY, CATHERINE
Address 12569 WHITE CEDAR TRAIL
City-State-Zip: JACKSONVILLE FL 32226

Title S
Name BRYANT, DAVID
Address 895-A ENTERPRISE ST.
City-State-Zip: JACKSONVILLE FL 32227

Title VP
Name BROWN, GEOFFREY W
Address 1313 CRESTA LOMA LANE
City-State-Zip: FALLBROOK CA 92028

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: WALTER M. BROWN, JR

PASTOR

04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date