

**2019 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 TREASURER  
Name SIMS, ANTHONY  
Address 6926 PLAYPARK TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

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

Title S  
Name WILLIAMS, KIM B  
Address 11744 BISCAYNE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name BRITTON, ANTHONY D  
Address 7218 SANDY BLUFF DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE  
Name SMITH, CLYDE L  
Address 1139 WETLAND RIDGE CIRCLE  
City-State-Zip: MIDDLEBURG FL 32068

*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 BROWN

**PRESIDENT**

**04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date