

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001805

Entity Name: KINGDOM MINISTRIES, INC.**Current Principal Place of Business:**11517 BIRCH FOREST CIR. E.
JACKSONVILLE, FL 32218**Current Mailing Address:**11517 BIRCH FOREST CIR. E.
JACKSONVILLE, FL 32218**FEI Number:** 59-3391052**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHEVER, REGINALD
3134 SEINE DR
JACKSONVILLE, FL 32208 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	HARRIS, JAMES S
Address	11517 BIRCH FORESR CIR. E.
City-State-Zip:	JACKSONVILLE FL 32218

Title	SD
Name	YOUNG, SANDRA
Address	5141 GLEN ALAN CT. NORTH
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	COLEMAN, CONSTANCE E
Address	7770 COLLINS RIDGE BLVD.
City-State-Zip:	JACKSONVILLE FL 32205

Title	VD
Name	HARRIS, JACQUELINE K
Address	11517 BIRCH FOREST CIR. E.
City-State-Zip:	JACKSONVILLE FL 32218

Title	TD
Name	YOUNG, ROBERT
Address	5141 GLEN ALAN CT. NORTH
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	COLEMAN, OSCAR JR.
Address	808 DAY AVE
City-State-Zip:	JACKSONVILLE FL 32205

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: HARRIS JAMES

PD

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date