

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000488

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: KINGDOM TRANSFER MINISTRIES, INC.

**Current Principal Place of Business:**

217 PEBBLE BEACH  
JACKSONVILLE, TX 75766

**New Principal Place of Business:**

**Current Mailing Address:**

140 HAMON AVE.  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 75-2777588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMSON, A.WAYNE  
1020 FERDON BLVD. SOUTH  
WELTON & WILLIAMSON, P.A.  
CRESTVIEW, FL 32536 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: FIETZ, FRANK  
Address: 140 HAMON AVE.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DST ( ) Delete  
Name: FIETZ, GAY  
Address: 140 HAMON AVE.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: COLE, JOHN  
Address: RT. 3 BOX 325  
City-St-Zip: TROUP, TX 75789

Title: D ( ) Delete  
Name: COLE, WANDA  
Address: RT. 3 BOX 325  
City-St-Zip: TROUP, TX 75789

Title: D ( ) Delete  
Name: GASKIN, HERB  
Address: 2400 HOLLY  
City-St-Zip: JACKSONVILLE, TX 75766

Title: D ( ) Delete  
Name: GASKIN, DOLLY  
Address: 2400 HOLLY  
City-St-Zip: JACKSONVILLE, TX 75766

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK FIETZ

PCD

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date