2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# F02000000488

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 01/06/2005

Electronic Signature of Signing Officer or Director — Date