## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002665

FILED Jan 23, 2007 Secretary of State

Entity Name: KINGSWAY MINISTRIES, INC. OF DES MOINES, IOWA

**Current Principal Place of Business: New Principal Place of Business:** 3707 S.W. 9TH STREET DES MOINES, IA 50315 **Current Mailing Address: New Mailing Address:** 3707 S.W. 9TH STREET DES MOINES, IA 50315 FEI Number: 42-1100559 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLENNEY, LOLA 1600 1ST. AVE WEST #304-A BRADENTON, FL 34205 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition NATION, MILDRED A NATION, MILDRED A Name: Name: 1805 FRAZIER Address: 1805 FRAZIER Address: City-St-Zip: DES MOINES, IA 50315 City-St-Zip: DES MOINES, IA 50315 Title: CP Title: () Delete (X) Change ( ) Addition JENKINS, WM Name: JENKINS, WM Name: Address: 2880 GRAND AVE. Address: 2880 GRAND AVE., #207 City-St-Zip: DES MOINES, IA 50312 City-St-Zip: DES MOINES, IA 50312 Title: () Delete Title: () Change () Addition DOORN, ROBERT Name: Name: 1403 N.E. 51ST STREET Address: Address: City-St-Zip: OCALA, FL 34479 City-St-Zip: Title: D Title: () Change () Addition ( ) Delete Name: MILLS, PAUL Name: Address: 306 DITTO AVE Address: City-St-Zip: ARLINGTON, TX 760100475 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BROWNING, KEN BROWNING, KEN Name: Name: 5908 DOWNINGTON PL, NW 5908 DOWNINGTON PL, NW Address: Address: ACWORTH, GA 301018480 City-St-Zip: ACWORTH, GA 301018480 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition NICHOLSON, LYNN NICHOLSON, LYNN Name: Name: Address: 1300 E 12TH ST Address: 911 E. SENECA AVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

DES MOINES, IA 50316

SIGNATURE: WILLIAM JENKINS P 01/23/2007

DES MOINES, IA 50316

City-St-Zip: