

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003957**

1. Entity Name

KINGDOM MINISTRIES INTERNATIONAL, INC.**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90032 050 ****61.25

0024531

Principal Place of Business

Mailing Address

**3380 SOUTH PARK AVENUE
SUITE 4
TITUSVILLE FL 32780****3380 SOUTH PARK AVENUE
SUITE 4
TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3650278

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PENA, RAYMOND JR.
3380 SOUTH PARK AVENUE
SUITE 4
TITUSVILLE FL 32780**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PDS
STREET ADDRESS		STREET ADDRESS	RAYMOND PENA JR.
CITY-ST-ZIP		CITY-ST-ZIP	1145 RANCHERO AVE. TITUSVILLE, FL 32780
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VDT
STREET ADDRESS		STREET ADDRESS	AYMEE S. PENA
CITY-ST-ZIP		CITY-ST-ZIP	1145 RANCHERO AVE. TITUSVILLE, FL 32780
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D
STREET ADDRESS		STREET ADDRESS	JULIAN R. PENA
CITY-ST-ZIP		CITY-ST-ZIP	1145 RANCHERO AVE. TITUSVILLE FL 32780
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Pena***RAYMOND PENA JR.**

Date

4/26/01 321-543-0658

Daytime Phone #

CR2E037 (10/00)