2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001619

1. Entity Name

KINGDOM MINISTRIES (C.O.G.) INC.



04-15-2008 90014 016 ****75.00

Apr 15, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

923 S. 13TH ST.

FERNANDINA BEACH, FL 32034

PO BOX 16299

FERNANDINA BEACH, FL 32035



Applied For

DO NOT WRITE IN THIS SPACE

03182008	No Cho-NP	CR2E037 (4/06)	

31-1758558 Not Applicable

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

6. Name and Address of Current Registered Agent

GARMAN, GUY 3801 S OCEAN DR 4Z HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

4. FEI Number

the above named entity submits this statement for the purpose of changing its registered onice of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVANT, WARDELL JR PO BOX 16295 FERNANDINA BEACH, FL 320353123	2						
TITLE NAME STREET ADORESS CITY-ST-ZIP	D ARHTUR, JAMES 3662 BAKER DRIVE YULEE, FL 32097							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARHTUR, JACQUELINE 3662 BAKER DRIVE YULEE, FL 32097	DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVANT, BARBARA L 923 S 13TH STREET BOX 16295 FERNANDINA BEACH, FL 32034			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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								