## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N01000001783**

1. Entity Name

KINGDOM PROMOTIONS AND PUBLIC RELATIONS, INC.



Principal Place of Business

17024 NW 20 STREET PEMBROKE PINES, FL 33028 Mailing Address

17024 NW 20 STREET PEMBROKE PINES, FL 33028

## FILED Apr 26, 2004 08:00 AM Secretary of State



03232004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-1114878 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LANIER, REGINA 17024 NW 20 STREET PEMBROKE PINES, FL 33028

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

	<u> </u>				
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (RIGTE, Registered Agent signature required when reinstands) DAYE					
	Filing Fee is \$61.25 Due by May 1, 2004	<ol> <li>Election Campaign Financ Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, TABITHA 2281 S. SHERMAN CIR., #B106 MIRAMAR, FL 33025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLEMAN, PHILLIP O DR 220 PICKNEY ST. SUMTER, SC 29150				U00000133140 04/27/04-80074-020 70.00
TITLE NAME STREET ADDRESS CELY-ST-ZEP	PCD LANIER, REGINA S 17024 S.W. 20 ST. PEMBROKE PINES, FL 33028			DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NILE					
NAME					
STREET ADDRESS					
City-St-ZiP	portify that the interpretation are that the time	5		,; <u>, , , , , , , , , , , , , , , , , , </u>	***
12. I hereby certify that the information supplied with this filling 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 mry signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the requirer 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 afterior with an address, with all other like empowered.					