


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90723 042 ****70.00

DOCUMENT # <i>N010000001783</i>	
1. Entity Name KINGDOM PROMOTIONS AND PUBLIC RELATIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17024 NW 20th Street Suite, Apt. #, etc.	3. Mailing Address 17024 NW 20th Street Suite, Apt. #, etc.
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33028	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1114878	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Regina Sherman Lanier
Street Address (P.O. Box Number is Not Acceptable) 17024 NW 20th Street
City Pembroke Pines, FL
Zip Code 33028

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. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C: President/Chairman Regina Sherman Lanier 17024 NW 20th St., Pembroke Pines, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D: Vice President/Director Dr. Phillip O. Coleman 220 Pickney St., Sumter, SC 29150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D: Secretary/Director Tabitha Green 2281 S Sherman Cir B106, Miramar, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE *Regina Sherman Lanier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)