2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jun 07, 2009
Secretary of State

DOCUMENT# N01000005163

Entity Name: KINGDOM EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

KINGDOM EVANGELIST
SUITES 1,2,+3
JACKSONVILLE, FL 32208

New Principal Place of Business:

KINGDOM EVANGELIST
4844 PHYLLIS ST.
JACKSONVILLE, FL 32254

Current Mailing Address:

8228 NEW KINGS ROAD
SUITES 1,2,+3
JACKSONVILLE, FL 32208

New Mailing Address:

4844 PHYLLIS ST.
JACKSONVILLE, FL 32254

FEI Number: 59-3757902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, H L SR.
9528 SIBBALD ROAD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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: JOHNNIE B. CRAPPS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: DAVIS, HARRY L SR.
Address: 9528 SIBBALD ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD ( ) Delete
Name: DAVIS, SHIAKA V
Address: 2545 ROBERT ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete
Name: DAVIS, GAIL G
Address: 9528 SIBBALD ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: DAVIS, HARRY L JR.
Address: 9528 SIBBALD ROAD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: NEWTON, ANN
Address: 7909 COAXTON CR. W.
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: NICOLE DANIELS YD 06/07/2009
Electronic Signature of Signing Officer or Director — Date