

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90252 039 ****70.00

DOCUMENT # N02000000907

1. Entity Name
KINGDOM LIVING COMMUNITY CHURCH, INC.



Principal Place of Business

**17523 N.W. 61 PLACE
MIAMI FL 33015**

Mailing Address

**17523 N.W. 61 PLACE
MIAMI FL 33015**

2. Principal Place of Business

7159 Pembroke Rd

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Same

Zip

33026

Country

USA

Zip

33015

Country

USA

4. FEI Number

04-3631966

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, GARY L
17523 N.W. 61 PLACE
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

GARY WRIGHT

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

17523 NW 61 PL

MIAMI FL

City

FL

Zip Code

33015

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.

GARY WRIGHT

(NOTE: Registered Agent signature required when reinstating)

04/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	WRIGHT, GARY L	
STREET ADDRESS	17523 N.W. 61 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DA	<input type="checkbox"/> Delete
NAME	WRIGHT, DIANA	
STREET ADDRESS	17523 N.W. 61 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MALCOLM, DEBBIE	
STREET ADDRESS	8238 N.W. 200 TERR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE REQUIRED GARY WRIGHT

04/14/03 (305) 362-0440

CP2E037 (10/02)