Daytime Phone #

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

SIGNATURE:

## ĤĽĦŊ DOCUMENT # N02000002590 1. Entity Name 04 MAR -2 AH 10: 20 KINGDOM LIFE INTERNATIONAL MINISTRIES, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 20535 N.W. 2ND AVENUE 20535 N.W. 2ND AVENUE SUITE 202 SUITE 202 MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address 13 3 SHERMHORD CHAVGES OM Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name "WALKER NICOLE" Street Address (P.O. Box Number is Not Acceptable) 20535: N.W. 2ND AVENUE SUITE 202 MIAMI FL 33169 City Zip Code 8. The above named entity (up) its 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 registe SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (4/03)TITLE ✓ Delete TITLE Addition Change WALKER, VIRGIL NAME NAME Reatha walker 20535 N.W. 2ND AVENUE, SUITE 202 STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP **MIAMI FL 33169** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALKER, NICOLE NAME NAME 20535 N.W. 2ND AVENUE, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33169** 900029806229 CITY-ST-ZIP <del>103/03/04--01038--002</del> \* Addition TITLE ☐ Delete TITLE WALKER, TYRONE NAME NAME 20535 N.W. 2ND AVENUE, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33169** CITY-ST-7IP TITLE Delete TITLE Addition Moore THOMPSON, CHARLES NAME NAME STREET ADDRESS 20048 N W 64TH PL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP TITLE ☐ Defete TITLE Addition KALLISHA BLACKMAN NAME NAME 205 35 NW ZAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami FL 3316 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of the receiver of the corporation or the receiver of the receiver of the corporation or the receiver of the receiver o changed, or on an attachment v er like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Affectment N02000002590

20535 NW 2nd Ave. Ste. 202 Mimai, FL 33169

## Kingdom Life International Ministries

February 25, 2004

Dear Sir,

----We are just-receiving the registration form in the mail today, after speaking with someone in your office we are forwarding \$122.50. We are also requesting that the late fee be waived.

Equipping the People through the word of God