


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002590	
1. Entity Name KINGDOM LIFE INTERNATIONAL MINISTRIES, INC.	

Principal Place of Business 20535 N.W. 2ND AVENUE SUITE 201 MIAMI, FL 33169	Mailing Address 20535 N.W. 2ND AVENUE SUITE 201 MIAMI, FL 33169
--	--

DO NOT WRITE IN THIS SPACE

FILED  
06 SEP 22 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0966885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WALKER, NICOLE  
20535 N.W. 2ND AVENUE  
SUITE 201  
MIAMI, FL 33169

DO NOT WRITE  
IN THIS SPACE

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WALKER, NICOLE L 20535 N.W. 2ND AVENUE, SUITE 201 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, TYRONE 20535 N.W. 2ND AVENUE, SUITE 201 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, REATHA 20535 N.W. 2ND AVENUE, SUITE 201 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMAN, KATTISHA 20535 N.W. 2ND AVENUE 201 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WALKER, DEREK 20535 N. W. 2ND AVE SUITE 201 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

400080314254  
09/29/06--01071--008 \*\*61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nicole Walker 8/4/06 305-653-3411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #