


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90265 037 \*\*\*\*\*61.25

<b>DOCUMENT #</b> N03000001060	
<b>1. Entity Name</b> CHURCH OF CHRIST KINGDOM OF GOD, INC.	

<b>Principal Place of Business</b> 282 NE 60TH STREET MIAMI FL 33137	<b>Mailing Address</b> 16135 NW 28TH PL MIAMI FL 33054
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  LYNN, JOE M JR. 435 SW 18TH STREET HOLLYWOOD FL 33023
---

<b>4. FEI Number</b> 82-0585204	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P	<b>NAME</b> LYNN, ADRAIN <b>STREET ADDRESS</b> 16135 NW 28TH PL <b>CITY-ST-ZIP</b> MIAMI FL 33054	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP	<b>NAME</b> LYNN, LEWIE M SR. <b>STREET ADDRESS</b> 3051 NW 151 TERRACE <b>CITY-ST-ZIP</b> MIAMI FL 33054	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> LYNN, LOISE <b>STREET ADDRESS</b> 16135 NW 28TH PL <b>CITY-ST-ZIP</b> MIAMI FL 33054	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T	<b>NAME</b> LYNN, ADRAIN <b>STREET ADDRESS</b> 16135 NW 28TH PL <b>CITY-ST-ZIP</b> MIAMI FL 33054	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Adrain Lynn* **4-20-04** **305-318-8460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #