


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001060**  
 1. Entity Name  
**CHURCH OF CHRIST KINGDOM OF GOD, INC.**



Principal Place of Business <b>282 NE 60TH STREET          MIAMI, FL 33137</b>	Mailing Address <b>16135 NW 28TH PL          MIAMI, FL 33054</b>
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04112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  
**LYNN, JOE M JR.  
 435 SW 18TH STREET  
 HOLLYWOOD, FL 33023**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000308781  
 04/16/05-80011-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, ADRAIN 16135 NW 28TH PL MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYNN, LEWIE M SR. 3051 NW 151 TERRACE MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNN, LOISE 16135 NW 28TH PL MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNN, ADRAIN 16135 NW 28TH PL MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Adrain Lynn 4-11-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #