

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001060

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: CHURCH OF CHRIST KINGDOM OF GOD, INC.

**Current Principal Place of Business:**

282 NE 60TH STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

16135 NW 28TH PL  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 82-0585204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNN, JOE M JR.  
435 SW 18TH STREET  
HOLLYWOOD, FL 33023 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LYNN, ADRAIN  
Address: 16135 NW 28TH PL  
City-St-Zip: MIAMI, FL 33054

Title: VP ( ) Delete  
Name: LYNN, LEWIE M SR.  
Address: 3051 NW 151 TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: S ( ) Delete  
Name: LYNN, LOISE  
Address: 16135 NW 28TH PL  
City-St-Zip: MIAMI, FL 33054

Title: T ( ) Delete  
Name: LYNN, ADRAIN  
Address: 16135 NW 28TH PL  
City-St-Zip: MIAMI, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRAIN LYNN

P

04/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date