

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003688

1. Entity Name  
KINGDOM CREATIONS INTERNATIONAL MINISTRIES,  
INC.



Principal Place of Business  
1780 DOYLE RD  
SUITE 2  
DELTONA, FL 32725

Mailing Address  
PO BOX 390986  
DELTONA, FL 32739

FILED

2007 OCT 22 A 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10082007 Chg-NP

CR2E037 (12/06)

4. FEI Number  
30-0169791

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYKINS, DIANE L  
1251 CATALINA BLVD.  
DELTONA, FL 32725

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

Signature, typed or printed name of register and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BOYKINS, DIANE  
STREET ADDRESS ~~1200 WORTHINGTON DRIVE~~ 1251 Catalina Blvd.  
CITY-ST-ZIP DELTONA, FL 32725

TITLE D ☐ Delete  
NAME WYATT, MELISSA  
STREET ADDRESS 830 DEBARY AVE.  
CITY-ST-ZIP DELTONA, FL 32725

TITLE D ☒ Delete  
NAME BELL, LARONDA  
STREET ADDRESS 2018 WALLINGFORD ST.  
CITY-ST-ZIP DELTONA, FL 32738

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME PIERCY, DEBORAH L.  
STREET ADDRESS 1535 KELVIN AVE.  
CITY-ST-ZIP DELTONA, FL 32738

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 400098744014  
STREET ADDRESS 03/01/07 01031 011  
CITY-ST-ZIP \$78.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP dce

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: *Diane L. Boykins* / DIANE L. BOYKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/07

386  
848-8032