

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006114

FILED  
Feb 04, 2005  
Secretary of State

**Entity Name:** KINGDOM RACE FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

18459 PINES BLVD #231  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

18459 PINES BLVD  
231  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18459 PINES BLVD  
231  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 05-0578188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COX, DARYL  
18291 SW 25 STREET  
MIRAMAR, FL 33029      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: PD      ( ) Delete  
Name: COX, DARYL  
Address: 18291 SW 25 STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: VD      ( ) Delete  
Name: COX, JENNIFER  
Address: 18291 SW 25 STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: TD      ( ) Delete  
Name: COLLIER, EARLENE  
Address: 18291 SW 25 STREET  
City-St-Zip: MIRAMAR, FL 33029

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARYL COX

PD

02/04/2005

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

\_\_\_\_\_  
Date