

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006114

FILED
Dec 08, 2007
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:

Current Mailing Address:

18459 PINES BLVD
231
PEMBROKE PINES, FL 33029

New Mailing Address:

12850
233
ALPHARETTA, GA 30004

FEI Number: 05-0578188 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, DARYL
18291 SW 25 STREET
231
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: DARYL COX

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: PD (X) Change () Addition
Name: COX, DARYL
Address: 1051 BREAM DRIVE
City-St-Zip: MILTON, GA 30004

Title: VD (X) Change () Addition
Name: COX, JENNIFER
Address: 1051 BREAM DRIVE
City-St-Zip: MILTON, GA 30004

Title: TD (X) Change () Addition
Name: COLLIER, EARLENE
Address: 1051 BREAM DRIVE
City-St-Zip: MILTON, GA 30004

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: DARYL COX

PD

12/08/2007

Electronic Signature of Signing Officer or Director

Date