

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008300

1. Entity Name
ADVANCING THE KINGDOM MINISTRIES INC.



Principal Place of Business
**1420 RADLEIGH PL
ORLANDO FL 32808**

Mailing Address
**PO BOX 585887
ORLANDO FL 32858**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **20-0622901** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**OLIVER, CLARENCE
1420 RADLEIGH PL
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	OLIVER, CLARENCE			NAME			
STREET ADDRESS	1420 RADLEIGH PL			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808			CITY-ST-ZIP			
TITLE	S/D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SUGGS, ROSETTA			NAME			
STREET ADDRESS	3800 ROSEBORO STREET			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	OUTLAW, RICHARD			NAME			
STREET ADDRESS	PO BOX 568741			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32856			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	OUTLAW, MINYON			NAME			
STREET ADDRESS	PO BOX 568741			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32856			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	JONES, RHONDA			NAME			
STREET ADDRESS	P.O. BOX 590421			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Ph. D. Jones* *Blonna B Jones* *2/8/06* *407-206-4127*