2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N03000008300

Entity Name: ADVANCING THE KINGDOM MINISTRIES INC.

Current Principal Place of Business:

601 W. COLUMBIA ST
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

PO BOX 585887
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 20-0622901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVER, CLARENCE
1420 RADLEIGH PL
ORLANDO, FL 32808 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:	OLIVER, CLARENCE	
Address:	1420 RADLEIGH PL	
City-St-Zip:	ORLANDO, FL 32808	
Title:	S/D	( ) Delete
Name:	SUGGS, ROSETTA	
Address:	3800 ROSEBORO STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	D	( ) Delete
Name:	OUTLAW, RICHARD	
Address:	PO BOX 568741	
City-St-Zip:	ORLANDO, FL 32856	
Title:	D	( ) Delete
Name:	OUTLAW, MINYON	
Address:	PO BOX 568741	
City-St-Zip:	ORLANDO, FL 32856	
Title:	TD	( ) Delete
Name:	JONES, RHONDA	
Address:	P.O.BOX 590421	
City-St-Zip:	ORLANDO, FL 32859	
Title:	D	( ) Delete
Name:	LOGAN, JASON	
Address:	4455 BEAUMONT DRIVE	
City-St-Zip:	ORLANDO, FL 32808	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LOGAN, JASON	
Address:	4619 DREXEL AVE	
City-St-Zip:	ORLANDO, FL 32808	

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: ROSETTA SUGGS SD 01/15/2008

Electronic Signature of Signing Officer or Director — Date