## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009524

FILED Jul 05, 2006 Secretary of State

Entity Name: RIGHTEOUS KINGDOM OF GOD MINISTRY INC.

Current Principal Place of Business:

New Principal Place of Business:

1112 NORTH PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

711 W JORDAN ST
PENSACOLA, FL 32501

1345 JASMA LANE
APT B
PENSACOLA, FL 32534

FEI Number: 43-2034567 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: Name and Address of New Registered Agent:

PARKER, CALVIN L SR.
711 W JORDAN ST
1345 JASMA LANE
PENSACOLA EL 23504

PENSACOLA, FL 32501 US PENSACOLA, FL 32534 US

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: CALVIN L PARKER, SR 07/05/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: PARKER, CALVIN L SR Name: PARKER, CALVIN L SR

Address: 711 W JORDAN ST Address: 1345 JASMA LANE
City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32534

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, LACHANDRA Y
 Name:

 Address:
 2703 W WRIGHT ST
 Address:

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, MAURICE E
 Name:

 Address:
 2703 W WRIGHT ST
 Address:

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILSON, LINDA M
 Name:

 Address:
 221 N GARFIELD DR
 Address:

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MAURICE E WALKER SR ELD 07/05/2006

Electronic Signature of Signing Officer or Director

Date