


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90100 008 \*\*\*\*61.25

<b>DOCUMENT # N04000003916</b>																													
<b>1. Entity Name</b> THE KINGDOM OF GOD MINISTRIES INTERNATIONAL INC.																													
<b>Principal Place of Business</b> 4690 NW 4 CT PLANTATION, FL 33317			<b>Mailing Address</b> 4690 NW 4 CT PLANTATION, FL 33317																										
<b>2. Principal Place of Business</b> 4690 N.W. 4 CT		<b>3. Mailing Address</b> Suite, Apt. #, etc.																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
<b>City &amp; State</b> Plantation FL		<b>City &amp; State</b> FL		<b>4. FEI Number</b> Applied For <input checked="" type="checkbox"/> Not Applicable																									
<b>Zip</b> 33317		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
<b>6. Name and Address of Current Registered Agent</b> CARDWELL, JOAN P 4690 NW 4 CT PLANTATION, FL 33317			<b>7. Name and Address of New Registered Agent</b> Name: NA Street Address (P.O. Box Number is Not Acceptable): NA City: FL Zip Code:																										
<b>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.</b> SIGNATURE: <u>Jean P Cardwell</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
<b>Make check payable to Florida Department of State</b>																													
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">C</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARDWELL, JOAN P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4690 NW 4 CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table>			TITLE	C	<input type="checkbox"/> Delete	NAME	CARDWELL, JOAN P		STREET ADDRESS	4690 NW 4 CT		CITY - ST - ZIP	PLANTATION, FL 33317		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">PATRICIA WHITE - Sayer</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6204 S.W. 7 ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Margate, FL 33068</td> <td></td> </tr> </table>			TITLE	PATRICIA WHITE - Sayer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS	6204 S.W. 7 ST		CITY - ST - ZIP	Margate, FL 33068	
TITLE	C	<input type="checkbox"/> Delete																											
NAME	CARDWELL, JOAN P																												
STREET ADDRESS	4690 NW 4 CT																												
CITY - ST - ZIP	PLANTATION, FL 33317																												
TITLE	PATRICIA WHITE - Sayer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS	6204 S.W. 7 ST																												
CITY - ST - ZIP	Margate, FL 33068																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, CLEVELAND</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22145 SW 62 CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33428</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SMITH, CLEVELAND		STREET ADDRESS	22145 SW 62 CT		CITY - ST - ZIP	BOCA RATON, FL 33428		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	SMITH, CLEVELAND																												
STREET ADDRESS	22145 SW 62 CT																												
CITY - ST - ZIP	BOCA RATON, FL 33428																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">T</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, SHERONDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2805 NW 39 TER APT 204</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAUD LAKES, FL 33311</td> <td></td> </tr> </table>			TITLE	T	<input type="checkbox"/> Delete	NAME	WILLIAMS, SHERONDA		STREET ADDRESS	2805 NW 39 TER APT 204		CITY - ST - ZIP	LAUD LAKES, FL 33311		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete																											
NAME	WILLIAMS, SHERONDA																												
STREET ADDRESS	2805 NW 39 TER APT 204																												
CITY - ST - ZIP	LAUD LAKES, FL 33311																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOODY, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1055 NE 126 ST APT 206</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MOODY, BARBARA		STREET ADDRESS	1055 NE 126 ST APT 206		CITY - ST - ZIP	MIAMI, FL 33161		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	MOODY, BARBARA																												
STREET ADDRESS	1055 NE 126 ST APT 206																												
CITY - ST - ZIP	MIAMI, FL 33161																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PHILLIPS, WINSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1063 NE 126 ST APT 301</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	PHILLIPS, WINSON		STREET ADDRESS	1063 NE 126 ST APT 301		CITY - ST - ZIP	MIAMI, FL 33161		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	PHILLIPS, WINSON																												
STREET ADDRESS	1063 NE 126 ST APT 301																												
CITY - ST - ZIP	MIAMI, FL 33161																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAMILTON, WASHON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4690 NW 4 CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HAMILTON, WASHON		STREET ADDRESS	4690 NW 4 CT		CITY - ST - ZIP	PLANTATION, FL 33317		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	HAMILTON, WASHON																												
STREET ADDRESS	4690 NW 4 CT																												
CITY - ST - ZIP	PLANTATION, FL 33317																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>																													
<b>SIGNATURE:</b> <u>Jean P Cardwell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4-10-05</u> Daytime Phone: <u>954-274889</u>																									