

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am —
Secretary of State

03-01-2005 90079 045 ****61.25

DOCUMENT # N04000007612

1. Entity Name

KEYS TO THE KINGDOM MINISTRIES INC.



Principal Place of Business

8075 RAMSGATE RD.
JACKSONVILLE FL 32208

Mailing Address

8075 RAMSGATE RD.
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

26-0095657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WILLIE JR.
8075 RAMSGATE RD.
JACKSONVILLE FL 32208

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

Willie Davis Jr. RD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-25-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE PD ☐ Delete
NAME DAVIS, VAMETTA R
STREET ADDRESS 8075 RAMSGATE RD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VD ☐ Delete
NAME DAVIS, WILLIE
STREET ADDRESS 8075 RAMSGATE RD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE TD ☐ Delete
NAME PEOPLES, MATTIE M
STREET ADDRESS 8075 RAMSGATE RD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD ☐ Delete
NAME DORSEY, GLORIA J
STREET ADDRESS 8075 RAMSGATE RD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME DAVIS, Jametta R.
STREET ADDRESS Same
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

Jametta R. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05 904-768-6521

Date

Daytime Phone #