

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003022

FILED
May 01, 2006
Secretary of State

Entity Name: KINGDOM COMMUNITY OUTREACH NETWORK INC.

Current Principal Place of Business:

35250 WHISPERING PINES DR
ZEPHRYHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

35250 WHISPERING PINES DR
ZEPHRYHILLS, FL 33541

New Mailing Address:

FEI Number: 38-3720096 **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:

WILLIAMS, JACK L
35250 WHISPERING PINES DR
ZEPHRYHILLS, FL 33541 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, JACK L
Address: 35250 WHISPERING PINES DR
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: S () Delete
Name: WILLIAMS, CAROLYN
Address: 35250 WHISPERING PINES DR
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: V () Delete
Name: COLLINS, KEN
Address: 6605 KRYCUL AVE
City-St-Zip: RIVERVIEW, FL 33568

Title: T () Delete
Name: FINOCCHI, JEROME
Address: 9624 US HWY 301
City-St-Zip: DADE CITY, FL 33525

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:

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: JEROME J FINOCCHI

T

05/01/2006

Electronic Signature of Signing Officer or Director

Date