

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90845 008 ****61.25

DOCUMENT # N05000003022 1. Entity Name KINGDOM COMMUNITY OUTREACH NETWORK INC.					
Principal Place of Business 35250 WHISPERING PINES DR ZEPHRYHILLS, FL 33541			Mailing Address 35250 WHISPERING PINES DR ZEPHRYHILLS, FL 33541		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-3720096	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JACK L 35250 WHISPERING PINES DR ZEPHRYHILLS, FL 33541			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: _____ Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature is required when registering.					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JACK L 35250 WHISPERING PINES DR ZEPHRYHILLS, FL 33541	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, CAROLYN 35250 WHISPERING PINES DR ZEPHRYHILLS, FL 33541	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, KEN 6605 KRYCILL AVE RIVERVIEW, FL 33568	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINOCCHI, JEROME 9624 US HWY 301 DADE CITY, FL 33525	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDEZ, RAUOLAN 3006 LAKE ELLEN DR. TAMPA, FL 33618	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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: _____ 4-26-07 352-999-0523 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					