2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003022

FILED Apr 30, 2008 Secretary of State

Entity Name: KINGDOM COMMUNITY OUTREACH NETWORK INC.

Current Principal Place of Business: New Principal Place of Business: 35250 WHISPERING PINES DR 9420 LAZY LANE ZEPHRYHILLS, FL 33541 TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 35250 WHISPERING PINES DR 9420 LAZY LANE ZEPHRYHILLS, FL 33541 TAMPA, FL 33614 FEI Number: 38-3720096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, JACK L 35250 WHISPERING PINES DR ZEPHRYHILLS, FL 33541 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WILLIAMS, JACK L WHITE, RODNEY Name: Name: 35250 WHISPERING PINES DR Address: 2434 DEER BROOKE DR Address: LAKELAND, FL 33811 City-St-Zip: ZEPHRYHILLS, FL 33541 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: VALDEZ, RANDOLPH Name: VALDEZ, RANDOLPH Address: 3006 LAKE ELLEN DR Address: 1305 LITTLE ALAFIA DR City-St-Zip: TAMPA, FL 33618 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: () Change () Addition COLLINS, KEN Name: Name: 6605 KRYCUL AVE Address: Address: City-St-Zip: RIVERVIEW, FL 33568 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FINOCCHI, JEROME Name: Address: 9624 US HWY 301 Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 Т 04/30/2008