2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# N05000003080

Entity Name: KINGDOM HARVEST MINISTRIES, INC.

Current Principal Place of Business:

1616 CROOKED STICK WAY
WEST PALM BEACH, FL 33413

New Principal Place of Business:

2695 NORTH MILITARY TRAIL
7
WEST PALM BEACH, FL 33417

Current Mailing Address:

P.O. BOX 222747
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 84-1676375 **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:

THICKLIN, J R
1616 CROOKED STICK WAY
W PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

COLLYMORE, LINDA A
2695 NORTH MILITARY TRAIL
7
W PALM BEACH, FL 33417 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: PASTOR LINDA A COLLYMORE 08/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THICKLIN, J R
Address: 1616 CROOKED STICK WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VPD ( ) Delete
Name: WILLIAMS, CAROLYN Y
Address: 1623 43RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD ( ) Delete
Name: THICKLIN, BALERIE L
Address: 1616 CROOKED STICK WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD (X) Delete
Name: IVORY, HENRIETTA L
Address: 900 29TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THICKLIN, J R PASTOR
Address: 1616 CROOKED STICK WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VPD (X) Change ( ) Addition
Name: COLLYMORE, LINDA A PASTOR
Address: 2695 NORTH MILITARY, SUITE #7
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ST (X) Change ( ) Addition
Name: GRAHAM, CATHERINE SIS.
Address: 1561 WEST 14TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ( ) Change ( ) Addition
Name:
Address:
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: LINDA COLLYMORE VP 08/28/2008
Electronic Signature of Signing Officer or Director Date