

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90207 035 \*\*\*\*61.25

**DOCUMENT # N05000009348**

1. Entity Name

HIS KINGDOM REIGN MINISTRIES INTERNATIONAL,  
INC.



Principal Place of Business

1059 GLENCARIN STREET  
JACKSONVILLE FL 32208

Mailing Address

1059 GLENCARIN STREET  
JACKSONVILLE FL 32208

2. Principal Place of Business

1059 Glencarin St  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13202  
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/05)

City & State

Jacksonville, FL  
Zip 32208 Country Duval

City & State

Jacksonville, FL  
Zip 32206 Country Duval

4. FEI Number

57-1229523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, JOYCE C  
1059 GLENCARIN STREET  
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name JOYCE LEONARD  
Street Address (P.O. Box Number is Not Acceptable)  
1059 Glencarin St  
City Jacksonville FL Zip Code 32208

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	LEONARD, JOYCE C	
STREET ADDRESS	1059 GLENCARIN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLMES, HENRY C JR	
STREET ADDRESS	325 8TH STREET APT 8	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLMES, SHANTA T	
STREET ADDRESS	201 S AMELIA STREET APT 85	
CITY-ST-ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEONARD, MADISON E	
STREET ADDRESS	325 8TH STREET ER APT 8	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Joyce Leonard*

4-25-06 (904) 887-3185