

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004370

FILED
Apr 21, 2009
Secretary of State

Entity Name: KINGDOM DOMINION MINISTRIES, INC.

Current Principal Place of Business:

3203 HAWTHORNE AVENUE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 560503
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 20-4714940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMP, NICOLE E
3203 HAWTHORNE AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: KEMP, MARVIN D
Address: 3203 HAWTHORNE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete
Name: KEMP, NICOLE E
Address: 1720 COGSWELL STREET
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: DIR () Delete
Name: BROWN, JULIA M
Address: SERENGETI WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: DIR () Delete
Name: MILLER, YVONNE S
Address: 1737 BALDWIN STREET
City-St-Zip: ROCKLEDGE, FL 32955

Title: DIR () Delete
Name: BROWN, JULIET M
Address: 1080 N FISKE BLVD. D7
City-St-Zip: COCOA, FL 32922 US

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:

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: MARVIN D. KEMP

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date