2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPURI												
DOCUMENT # N0700000339 1. Entity Name KINGDOM WORD MINISTRIES CHURCH									2008 AP	FILEC R30 A		
2934 ROYAL OAKS DR. 29				Mailing Address 2934 ROYAL OAKS DR. TALLAHASSEE, FL 32309				SECRLIANY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business - No P.O. Box # 3. M				Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04302008	Chg-NP	CR2E03	37 (12/06)	
City & State			Cit	City & State							pplied For ot Applicable	
Zip	Zip Country			Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of New	Registered /	Agent	
MOORE, CLIFTON 2934 ROYAL OAKS DR.						Name Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32309												
						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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2008				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 DI	RECTORS		11.		P	ADDITIONS/CHA	NGES TO OFFICE	ERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CLIFTON AL OAKS DR. SSEE, FL 32309		□ Delete			MOOI 293	ASURER RE, PHYLL 4 ROYAL O. LAHASSEE,	AKS DR.		∑ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, PHYLLIS D 2934 ROYAL OAKS DR. TALLAHASSEE, FL 32309			□ Delete	E Et address -St-Zip	ASS: WIL: 2969	r. TREASU SON', i JOYC 9 BYINGTO	RER E	3	☐ Change	▼ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2815 RAY	STARLING MOND DIEHL RD. SSEE, FL 32308		⊠ Delete			BRY 2815		IA DIEHL RD FL 3230		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS							3DC 05/13/0	01292; 801030	2040 -005 **	,⊟.Change ∲61.25	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							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 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: CLIFTON MO

CLIFTON MOORE

4/30/2008

Date

850.766.0368

Daytime Phone #