## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000004453

FILED May 02, 2008 Secretary of State

Entity Name: KINDOM HARVEST MINISTRIES OF FAITH, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
585 SPRII	NG LEAP CIRCLE	
SUITE A	CARREN EL 24707 LIG	
VVIINIER	GARDEN, FL 34787 US	
Current N	Mailing Address:	New Mailing Address:
	FICE BOX 911 FL 34734 US	
In accordar	r: 20-8968465 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	
585 SPŔII	/OLANDA V NG LEAP CIRCLE GARDEN, FL 34734 US	
	e named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Flacture Circulture of Danistand	
Electronic Signature of Registered Agent		Agent Date
OFFICER	S AND DIRECTORS:	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address:	-	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () Delete AXSON, YOLANDA V 585 SPRING LEAP CIRCLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () Delete AXSON, YOLANDA V 585 SPRING LEAP CIRCLE WINTER GARDEN, FL 34787 US  VPD () Delete AXSON, LESTER S SR 585 SPRING LEAP CIRCLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
OFFICER Title: Name: Address: City-St-Zip:	PD () Delete AXSON, YOLANDA V 585 SPRING LEAP CIRCLE WINTER GARDEN, FL 34787 US  VPD () Delete AXSON, LESTER S SR 585 SPRING LEAP CIRCLE WINTER GARDEN, FL 34787 US  SD () Delete WHITE, LINDA J 6426 LEMONWOOD COURT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: SD (X) Change ( ) Addition  Name: RAMSEY, CALINE Address: 1011 S MCGEE AVENUE

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: YOLANDA V AXSON PD 05/02/2008