

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004453

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** KINDOM HARVEST MINISTRIES OF FAITH, INC.

**Current Principal Place of Business:**

585 SPRING LEAP CIRCLE  
SUITE A  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 911  
GOTHA, FL 34734 US

**New Mailing Address:**

**FEI Number:** 20-8968465 **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:**

**Name and Address of New Registered Agent:**

AXSON, YOLANDA V  
585 SPRING LEAP CIRCLE  
WINTER GARDEN, FL 34734 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AXSON, YOLANDA V  
Address: 585 SPRING LEAP CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VPD ( ) Delete  
Name: AXSON, LESTER S SR  
Address: 585 SPRING LEAP CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: SD ( ) Delete  
Name: RAMSEY, CALINE  
Address: 1011 S MCGEE AVENUE  
City-St-Zip: APOPKA, FL 32703 US

Title: TRD ( ) Delete  
Name: YOUNG, ALFRED G  
Address: 1565 SHERBOURNE STREET  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: TED ( ) Delete  
Name: WIGGINS, BEULAH H  
Address: 3492 BASIE PLACE  
City-St-Zip: ORLANDO, FL 32805 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: D ( ) Change (X) Addition  
Name: WHITE, LINDA J  
Address: 6239 LEMONWOOD COURT  
City-St-Zip: ORLANDO, FL 32818

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 AXSON

PD

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date