2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004453

FILED Mar 01, 2010 Secretary of State

Entity Name: KINDOM HARVEST MINISTRIES OF FAITH, INC.

| Current Principal Place of Business: | New Principal Place of Business: | | | | |
|--|---|--|--|--|--|
| 585 SPRING LEAP CIRCLE SUITE A WINTER GARDEN, FL 34787 US | 13374 SUNSET LAKES CIRCLE SUITE B WINTER GARDEN. FL 34787 US | | | | |
| Current Mailing Address: | New Mailing Address: | | | | |
| POST OFFICE BOX 911 GOTHA, FL 34734 US | | | | | |
| FEI Number: 20-8968465 FEI Number Applied For () FEI Nun | nber Not Applicable () Certificate of Status Desired () | | | | |
| 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 | AXSON, YOLANDA V 13374 SUNSET LAKES 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.

| SIGNATUF | RE: | 03/01/2010 | | |
|---|--|------------|--|--|
| | Electronic Signature of Registered Agent | Date | | |
| OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | PD AXSON, YOLANDA V 13374 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787 US | | | |
| Title: Name: Address: City-St-Zip: | VPD AXSON, LESTER S SR 13374 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787 US | | | |
| Title: Name: Address: City-St-Zip: | SD RAMSEY, CALINE 1011 S MCGEE AVENUE APOPKA, FL 32703 US | | | |
| Title: Name: Address: City-St-Zip: | TRD YOUNG, ALFRED G 1565 SHERBOURNE STREET WINTER GARDEN, FL 34787 US | | | |
| Title: Name: Address: City-St-Zip: | TED WIGGINS, BEULAH H 3492 BASIE PLACE ORLANDO, FL 32805 US | | | |
| Title: Name: Address: City-St-Zip: | D WHITE, LINDA J 6239 LEMONWOOD COURT ORLANDO, FL 32818 | | | |
| | tify that the information indicated on this report or supplemental report | | | |

I hereby 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 all other like empowered.

| SIGNATURE: | YOLANDA AXSON | PD | 03/01/2010 |
|------------|---|----|------------|
| | Electronic Signature of Signing Officer or Director | | Date |