

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004453

FILED  
Mar 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

13327 ZORI LANE  
SUITE A  
WINDERMERE, FL 34786 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 ( )**

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

AXSON, YOLANDA V  
13327 ZORI LANE  
WINDERMERE, FL 34786 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: PD  
Name: AXSON, YOLANDA V  
Address: P.O. BOX 911  
City-St-Zip: GOTHA, FL 34734 US

Title: VPD  
Name: AXSON, LESTER S SR  
Address: P.O. BOX 911  
City-St-Zip: GOTHA, FL 34734 US

Title: SD  
Name: RAMSEY, CALINE  
Address: 1928 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808 US

Title: TRD  
Name: EDGECOMBE, SHARON D  
Address: 1928 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808 US

Title: TED  
Name: WIGGINS, BEULAH H  
Address: P.O. BOX 555685  
City-St-Zip: ORLANDO, FL 32855 US

Title: D  
Name: WHITE, LINDA J  
Address: 1928 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808

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

03/21/2012

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

\_\_\_\_\_  
Date