

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011694

FILED
May 05, 2009
Secretary of State

Entity Name: KINGDOM IMPACT MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

8197-14 N.UNIVERSITY DR.
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770515
CORALSPRINGS, FL 33321 US

New Mailing Address:

FEI Number: 74-3243258 **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:

GRAHAM, JUDY M
9762 N.GRANDDUKE CIRCLE
TAMARAC, FL 33321 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: P () Delete
Name: GRAHAM, CORNELIUS
Address: 9762 N.GRANDDUKE CIRCLE
City-St-Zip: TAMARAC, FL 33321 US

Title: VP () Delete
Name: GRAHAM, JUDY M
Address: 9762 N.GRANDDUKE CIRCLE
City-St-Zip: TAMARAC,, FL 33321

Title: S () Delete
Name: HARRIS, ELMINER
Address: 11000 GATESDEN DR. APT 130
City-St-Zip: TAMBALL, TX 77377 US

Title: T () Delete
Name: GRAHAM-JOHNSON, ADA M
Address: 3271 S.W. 4TH ST.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: O () Delete
Name: MARTIN, RALPH
Address: 6131 NW 55 LANE
City-St-Zip: TAMARAC, FL 33319 US

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: O (X) Change () Addition
Name: HICKS, COREY
Address: 8875 N.W. 27 ST.
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: CORNELIUS GRAHAM

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date