

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011751

FILED
Apr 26, 2008
Secretary of State

Entity Name: KINGDOM OF HEAVEN MINISTRY, INC.

Current Principal Place of Business:

377 FAIRFIELD DRIVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

377 FAIRFIELD DRIVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 26-1542669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, JACOB
377 FAIRFIELD DRIVE
SANFORD, FL 32771 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: COHEN, JACOB
Address: 377 FAIRFIELD DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: VP,S () Delete
Name: COHEN, PATRICIA E
Address: 377 OLD ENGLAND LOOP
City-St-Zip: SANFORD, FL 32771 US

Title: T () Delete
Name: MCDOWELL, SHAWN
Address: 3105 HONEYWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: A () Delete
Name: FRISON, YVONNE
Address: 306 S. SUNLAND DRIVE
City-St-Zip: SANFORD, FL 32773 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: COHEN, JACOB
Address: 377 FAIRFIELD DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: P/D (X) Change () Addition
Name: COHEN, PATRICIA E
Address: 377 FAIRFIELD DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: T/D (X) Change () Addition
Name: MCDOWELL, SHAWNA
Address: 3105 HONEYWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D () Change (X) Addition
Name: COHEN, KIMBERLY
Address: 312 ROSECLIFF CIRCLE
City-St-Zip: SANFORD, FL 32773

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: PATRICIA COHEN

P/D

04/26/2008

Electronic Signature of Signing Officer or Director

Date