

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011751

FILED  
Sep 16, 2009  
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:

288 CLYDESDALE CIRCLE  
SANFORD, FL 32773 US

## Current Mailing Address:

377 FAIRFIELD DRIVE  
SANFORD, FL 32771 US

## New Mailing Address:

288 CLYDESDALE CIRCLE  
SANFORD, FL 32773 US

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

COHEN, JACOB  
377 FAIRFIELD DRIVE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

COHEN, JACOB  
288 CLYDESDALE CIRCLE  
SANFORD, FL 32773 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: \_\_\_\_\_

09/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: T/D ( ) Delete  
Name: MCDOWELL, SHAWNA  
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: S/D ( ) Delete  
Name: COHEN, KIMBERLY  
Address: 312 ROSECLIFF CIRCLE  
City-St-Zip: SANFORD, FL 32773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change ( ) Addition  
Name: COHEN, JACOB  
Address: 288 CLYDESDALE CIRCLE  
City-St-Zip: SANFORD, FL 32773 US

Title: P/D (X) Change ( ) Addition  
Name: MORDECAI-COHEN, PATRICIA E  
Address: 288 CLYDESDALE CIRCLE  
City-St-Zip: SANFORD, FL 32773 US

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

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

Title: S/D (X) Change ( ) Addition  
Name: COHEN, KIMBERLY  
Address: 810 WINDTREE DRIVE  
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: JACOB COHEN

C/D

09/16/2009

Electronic Signature of Signing Officer or Director

Date