

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006965

FILED
Jan 05, 2011
Secretary of State

Entity Name: KINGDOM NETWORK EMPOWERING COMMUNITIES INC.

Current Principal Place of Business:

5928 GILLAM RD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

PO BOX 683576
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 27-0937024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLIGAR, A.L.
5928 GILLAM RD
ORLANDO, FL 32818 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: DP
Name: HELLIGAR, A.L.
Address: 7121 LAUREL HILLS
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: KIMBROUGH, MICHAEL
Address: 111 LAUREL RIDGE AVE
City-St-Zip: OCOEE, FL 34761

Title: D
Name: KITSON, C. HORACE
Address: 8519 WHITE RD
City-St-Zip: ORLANDO, FL 32818

Title: DT
Name: WARNER, JOE
Address: 5631 GILLIAM RD
City-St-Zip: ORLANDO, FL 32818

Title: DS
Name: JOHNSON, MYRA
Address: 523 MOCKINGBIRD LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: BOYD, ORINE
Address: 3496 MCCORMICK WOODS DRIVE
City-St-Zip: OCOEE, FL 34761

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: AL HELLIGAR

DP

01/05/2011

Electronic Signature of Signing Officer or Director

Date