

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000273

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** KINGDOM HARVEST CHURCH INTERNATIONAL, INC

**Current Principal Place of Business:**

1310 GOODEN CROSSING  
SEMINOLE, FL 33778

**New Principal Place of Business:**

9410 COCHISE LANE  
PORT RICHEY, FL 34668

**Current Mailing Address:**

9410 COCHISE LANE  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 27-1631681      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MILLER, KENNETH  
9410 COCHISE LANE  
PORT RICHEY, FL 34668      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  
Name: MILLER, KENNETH  
Address: 9410 COCHISE LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: S  
Name: HALL, CORETTA L  
Address: 910 WOODLAWN STREET #603  
City-St-Zip: CLEARWATER, FL 33756

Title: AS  
Name: JONES, BAMBI  
Address: 11724 132ND AVE  
City-St-Zip: LARGO, FL 33778

Title: VP  
Name: BOSTICK, ETHEL  
Address: 13215 119TH ST NO  
City-St-Zip: LARGO, FL 33778

Title: T  
Name: HEARNS, KATHERINE  
Address: 6450 78TH AVENUE NORTH #31  
City-St-Zip: PINELLAS PARK, FL 33781

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: KENNETH MILLER

P

04/30/2012

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

\_\_\_\_\_  
Date