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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34759 (3)

1. Corporation Name

KINGDOM BUSINESS MINISTRIES INC.

Principal Place of Business

% RICHARD E. WORSHAM
1811 E. HWY 20
NICEVILLE FL 32588
US

Mailing Address

% RICHARD E. WORSHAM
P O BOX 761
NICEVILLE FL 32588-0761
US

3. Date Incorporated or Qualified
10/18/1989

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 1216 Shipley Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Niceville, FL

24 Zip 32578

25 Country US

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-2977892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORSHAM, RICHARD E.
1216 SHIPLEY DRIVE
P O BOX 761
NICEVILLE FL 32588

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WORSHAM, RICHARD E.
STREET ADDRESS 1216 SHIPLEY DR
CITY-ST-ZIP NICEVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME WORSHAM, DELANE
STREET ADDRESS 1216 SHIPLEY DR
CITY-ST-ZIP NICEVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME HAMON, THOMAS
STREET ADDRESS RT 2, BOX 3807
CITY-ST-ZIP SANTA ROSA BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME PEARCE, RICHARD P JR.
STREET ADDRESS 68 COBIA ST
CITY-ST-ZIP DESTIN FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME HAMON, JANE
STREET ADDRESS RT 2, BOX 3807
CITY-ST-ZIP SANTA ROSA BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE Richard E. Worsham, Secretary of State 4/17/97 901-678-3129

CR2E037 (9/96)