

# ANNUAL REPORT (AK)

DOCUMENT # N93000001252

1. Entity Name

THE LAST DAY MINISTRY OF JESUS CHRIST INC.



**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

499 NW GOD'S WAY  
FOUNTAIN FL 32438

Mailing Address

499 NW GOD'S WAY  
FOUNTAIN FL 32438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3176553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENT, WILLIAM D  
499 NW GOD'S WAY  
FOUNTAIN FL 32438

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KENT, WILLIAM D	
STREET ADDRESS	499 NW GOD'S WAY	
CITY- ST- ZIP	FOUNTAIN FL 32438	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENT, FAITH D	
STREET ADDRESS	477 NW GOD'S WAY	
CITY- ST- ZIP	FOUNTAIN FL 32438	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENT, HOPE C	
STREET ADDRESS	541 NW GOD'S WAY	
CITY- ST- ZIP	FOUNTAIN FL 32438	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Faith D Kent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Faith D Kent*

3/14/05 (850) 722-1629  
Daytime Phone