FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 13 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004109 (4)**

1. Corporation Name

KINGDOM LIVING MINISTRIES, INC.

Principal Place of Business
18330 SPENCER RD,
~~17113 BEVILL ROAD~~
ODESSA FL 33556

Mailing Address
P.O. Box 329
~~17113 BEVILL ROAD~~
ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report: N/A
4. FEI Number: 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 18330 SPENCER RD
22 Suite, Apt. #, etc.
23 City & State: ODESSA, FLORIDA
24 Zip: 33556 25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 329
27 Suite, Apt. #, etc.
28 City & State: ODESSA, FLORIDA
29 Zip: 33556 30 Country: USA

9. Name and Address of Current Registered Agent

COFLIN, DANIEL R
17113 BEVILL ROAD
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 18330 SPENCER RD.
83
84 City: ODESSA FL 85 Zip Code: 33556

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	✓ Change ☐ Addition
NAME	COFLIN, DANIEL R	12 NAME		
STREET ADDRESS	17113 BEVILL ROAD	13 STREET ADDRESS	18330 SPENCER RD	
CITY-ST-ZIP	ODESSA FL 33556	14 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	21 TITLE	V-T	✓ Change ☐ Addition
NAME	COFLIN, DIANNE M	22 NAME	18330 SPENCER RD	
STREET ADDRESS	17113 BEVILL ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556	24 CITY-ST-ZIP	ODESSA, FL. 33556	
TITLE	D	31 TITLE	S	☐ Change ☐ Addition
NAME	WINGATE, DOUGLAS	32 NAME		
STREET ADDRESS	7311 SHELDON ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	BRADFORD, CURTIS	42 NAME		
STREET ADDRESS	18210 OAKDALE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	EVANS, PHIL	52 NAME		
STREET ADDRESS	4404 LARKFIELD LANE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMAP FL 33624	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: Daniel R. Coflin DANIEL R. COFLIN 4/5/95 813-920-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004817