

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004109 (4)**

1. Corporation Name  
**KINGDOM LIVING MINISTRIES, INC.**



Principal Place of Business  
**18330 SPENCER RD  
ODESSA FL 33556  
US**

Mailing Address  
**P.O. BOX 329  
ODESSA FL 33556**

3. Date Incorporated or Qualified **08/09/1994**      3a. Date of Last Report **04/13/1995**

4. FEI Number **NOT APPLICABLE**      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

2. Principal Place of Business  
21 **18302 OAKDALE ROAD**  
Suite, Apt. #, etc.  
22  
City & State  
23 **ODESSA, FLORIDA**  
Zip Country  
24 **33556** 25 **USA**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 **33556** 30 **USA**

9. Name and Address of Current Registered Agent  
**COFLIN, DANIEL R  
18330 SPENCER RD  
ODESSA FL 33556**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**18320 OAKDALE RD.**  
83  
84 City **ODESSA,** FL 85 Zip Code **33556**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COFLIN, DANIEL R</b>	
STREET ADDRESS	<b>18330 SPENCER RD</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>COFLIN, DIANNE M</b>	
STREET ADDRESS	<b>18330 SPENCER RD</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WINGATE, DOUGLAS</b>	
STREET ADDRESS	<b>7311 SHELDON ROAD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADFORD, CURTIS</b>	
STREET ADDRESS	<b>18210 OAKDALE DRIVE</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, PHIL</b>	
STREET ADDRESS	<b>4404 LARKFIELD LANE</b>	
CITY-ST-ZIP	<b>TAMAP FL 33624</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DANIEL</b>	
1.3 STREET ADDRESS	<b>18302 OAKDALE RD.</b>	
1.4 CITY-ST-ZIP	<b>ODESSA, FL. 33556</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIANNE M COFLIN</b>	
2.3 STREET ADDRESS	<b>18302 OAKDALE RD.</b>	
2.4 CITY-ST-ZIP	<b>ODESSA, FL. 33556</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DOUGLAS WINGATE</b>	
3.3 STREET ADDRESS	<b>(same)</b>	
3.4 CITY-ST-ZIP	<b>(same)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CURTIS BRADFORD</b>	
4.3 STREET ADDRESS	<b>(same)</b>	
4.4 CITY-ST-ZIP	<b>(same)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PHIL EVANS</b>	
5.3 STREET ADDRESS	<b>(same)</b>	
5.4 CITY-ST-ZIP	<b>(same)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 President** 2-12-96 813-920-2251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)

2/2/96