

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

2. Principal Place of Business

2a. Mailing Address

21 18302 OAKDALE ROAD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ODESSA, FLORIDA

28

Zip

Country

Zip

Country

24 33556

25 USA

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COFLIN, DANIEL R  
18330 SPENCER RD  
ODESSA FL 33556

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
NAME COFLIN, DANIEL R  
STREET ADDRESS 18330 SPENCER RD  
CITY-ST-ZIP ODESSA FL 33556

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME DANIEL  
1.3 STREET ADDRESS 18302 OAKDALE RD.  
1.4 CITY-ST-ZIP ODESSA, FL. 33556

TITLE ☐ DELETE

VI  
NAME COFLIN, DIANNE M  
STREET ADDRESS 18330 SPENCER RD  
CITY-ST-ZIP ODESSA FL 33556

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME DIANNE M COFLIN  
2.3 STREET ADDRESS 18302 OAKDALE RD.  
2.4 CITY-ST-ZIP ODESSA, FL. 33556

TITLE ☐ DELETE

S  
NAME WINGATE, DOUGLAS  
STREET ADDRESS 7311 SHELDON ROAD  
CITY-ST-ZIP TAMPA FL 33615

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME V  
3.3 STREET ADDRESS DOUGLAS WINGATE  
3.4 CITY-ST-ZIP (same)

TITLE ☐ DELETE

D  
NAME BRADFORD, CURTIS  
STREET ADDRESS 18210 OAKDALE DRIVE  
CITY-ST-ZIP ODESSA FL 33556

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME T  
4.3 STREET ADDRESS CURTIS BRADFORD  
4.4 CITY-ST-ZIP (same)

TITLE ☐ DELETE

D  
NAME EVANS, PHIL  
STREET ADDRESS 4404 LARKFIELD LANE  
CITY-ST-ZIP TAMPA FL 33624

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME S  
5.3 STREET ADDRESS PHIL EVANS  
5.4 CITY-ST-ZIP (same)

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
7000001753847  
-03/22/96-0101-007  
\*\*\*61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL R COFLIN President 2-12-96 813-920-2251

Date:

Daytime Phone:

CR2E037 (12/95)