

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000005515

1. Entity Name
KINGDOM LIFE MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
2004 BENEDICT RD
JACKSONVILLE, FL 32209

Mailing Address
P.O. BOX 9148
JACKSONVILLE, FL 32208 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SMITH-CLARK, DIANE
2004 BENEDICT RD
JACKSONVILLE, FL 32209

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

Dr. Diane Clark

4-8-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, WYONNA E 2263 W 18TH ST JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Faye A. Battle 3653 Antar Ridge Lane Jacksonville FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, SHAUN A 1751 E 26TH ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SMITH CLARK, DIANE 1213 TURTLE CREEK DR N JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AIKEN, THOMAS J 169 DIXIE LAKE ROAD FOLKSTON, GA 31537	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 other like empowered.

SIGNATURE:

Dr. Diane Clark

4-8-05 904-7658488

Date

Daytime Phone #