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Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004725 (4)**

1. Corporation Name  
**KINGDOM BUILDERS' CHRISTIAN FELLOWSHIP, INC.**

Principal Place of Business <b>429 20TH AVENUE NORTH SAINT PETERSBURG FL 33704</b>	Mailing Address <b>429 20TH AVENUE NORTH SAINT PETERSBURG FL 33704</b>
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2. Principal Place of Business 21 <b>2601 54th AVE. S.</b>	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>St. Petersburg, FLA.</b>	27 City & State 28
24 Zip <b>33712</b>	25 Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCH, EDWARD VINCENT REV 429 20TH AVENUE NORTH SAINT PETERSBURG FL 33704	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	200002429102 -02/12/98--01071--015 ***8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON-MARCH, NATALIE DENSIE 429 20TH AVENUE NORTH SAINT PETERSBURG FL 33704	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TREASURER / VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERSH, DIONNE 429 20TH AVENUE NORTH SAINT PETERSBURG FL 33704	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	200002429102 -02/12/98--01071--014 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GREER, WILLIE 429 20TH AVENUE NORTH SAINT PETERSBURG FL 33704	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ATD GREER, WILLIE 3951 43RD TERRACE N. St Petersburg, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TR GREER, GEORGETTE 3951 43RD TERRACE N St Petersburg, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TR THERESA NAGY 8797 MAPLEWOOD RD Largo, FL 33777

14. 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 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]* \_\_\_\_\_

CR2E037 (10/97)