2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001076

1. Entity Name
KINGDOM LIFE CENTER, INC.

Principal Place of Business	Mailing Address
722 N MAIN ST KISSIMMEE, FL 34744	722 N MAIN ST KISSIMMEE, FL 34744

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04132005 No Chg-NP   CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired   ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, HELEN
816 ALPINE COURT
POINCIANA, FL 34758

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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 _Helen Thomas_

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	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMAS, HELEN
STREET ADDRESS	816 ALPINE COURT
CITY-ST-ZIP	POINCIANA, FL 34758
TITLE	D
NAME	VALENTINE, ARLEEN SANDRA
STREET ADDRESS	302 CORSICA CT
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80109-007 70.00

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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 all other like empowered.

SIGNATURE: _Helen Thomas_   4-13-05   407-846-2699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #