## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 14, 2004 8:00 am DOCUMENT # N98000001974 **Secretary of State** KINGDOM FELLOWSHIP, INC. 05-14-2004 90012 005 \*\*\*\*61.25 Principal Place of Business Mailing Address 4241 BAYMEADOWS ROAD 4241 BAYMEADOWS ROAD 24075496 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05112004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-3504313 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 3674 SAN VISCAYA DRIVE JACKSONVILLE, FL 32217 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE Change ☐ Addition HALL, STEVEN R NAME \* NAME STREET ADDRESS 3674 SAN VISCAYA DRIVE STREET ADDRESS JACKSONVILLE, FL 32217 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ☐ Addition MCINTYRE, HOWARD NAME **STREET ADDRESS** 8039 CUMBERLAND GAP TRAIL NORTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change Addition MCLAUGHLIN, VAUGHN NAME NAME STREET ADDRESS 4241 BAYMEADOWS ROAD #11 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32219 CITY-ST-7IP TD TITLE ☐ Delete TITLE Change ☐ Addition NAME BREWER, DON NAME STREET ADDRESS 4241 BAYMEADOWS ROAD #11 STREET ADDRESS CITY-ST-7IE JACKSONVILLE, FL 32217 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition HALL, GINGER NAME NAME STREET ADDRESS 4241 BAYMEADOWS ROAD #11 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

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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:

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