2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001974

City-St-Zip:

JACKSONVILLE, FL 32217

Entity Name: KINGDOM FELLOWSHIP, INC.

FILED Apr 28, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	1EADOWS RO	AD				
#11 JACKSON\	VILLE, FL 3221	7				
Current Mailing Address:			New Mailir	New Mailing Address:		
	1EADOWS RO	AD				
#11 JACKSONVILLE, FL 32217						
FEI Number:	59-3504313	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:		
	VEN R VISCAYA DRIV VILLE, FL 3221					
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electroni	Signature of Registered Ager	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I HALL, STEVEN F 3674 SAN VISCA JACKSONVILLE,	YA DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	MCINTYRE, HOV	AND GAP TRAIL NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () I MCLAUGHLIN, V 4241 BAYMEADO JACKSONVILLE	OWS ROAD #11	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition MCLAUGHLIN, VAUGHN BISHOP 5119 NORMANDY BLVD. JACKSONVILLE, FL 32205		
Title: Name: Address: City-St-Zip:	TD () I FITZPATRICK, T 2006 WOODLEIG JACKSONVILLE	GH DRIVE W	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	SD ()I HALL, GINGER	Delete	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVEN HALL PD 04/28/2006