

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90043 047 ****70.00

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1. Entity Name
KINGDOM INTERNATIONAL FAITH CENTER, INC.



Principal Place of Business
**9676 PINES BLVD
PEMBROKE PINES, FL 33024 US**

Mailing Address
**9676 PINES BLVD
PEMBROKE PINES, FL 33024 US**

40060778



2. Principal Place of Business - No P.O. Box #
6027 NW 22 AVE
Suite, Apt. #, etc.

3. Mailing Address
16254 SW 18 Place
Suite, Apt. #, etc.

04042008 Chg-NP CR2E037 (12/06)

City & State
Miami, FL
Zip
33147

Country
Miami-Dade

City & State
Miramar, FL
Zip
33027

Country
Broward

4. FEI Number
65-0844842

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, LEE
16254 SW 18TH PL
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

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

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, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAWKINS, LEE	
STREET ADDRESS	16254 SW 18TH PL	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WALLACE HAWKINS, JORETTA	
STREET ADDRESS	16254 SW 18TH PL	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	HAYNES, ERIC	
STREET ADDRESS	P O BOX 491123	
CITY-ST-ZIP	FT LAUDERDALE, FL 33346	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, CYNTHIA	
STREET ADDRESS	7936 ORLEANS ST	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, CHARLES ESQ	
STREET ADDRESS	400 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL ROSARIO, JACQUELINE	
STREET ADDRESS	10800 SW 135TH TERR	
CITY-ST-ZIP	MIAMI, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-08