

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2005  
Secretary of State**

DOCUMENT# N98000004230

Entity Name: KINGDOM BUILDERS OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

1104 OWENS DR  
PO BOX 940  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 940  
CARRABELLE, FL 32322

**New Mailing Address:**

FEI Number: 59-3523804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLENDER, CYNTHIA G  
1104 OWENS DR  
CARRABELLE, FL 32322      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: MILLENDER, GARRY  
Address: PO BOX 940 1104 OWENS DR  
City-St-Zip: CARRABELLE, FL 32322

Title: STE      ( ) Delete  
Name: MILLENDER, CYNTHIA  
Address: PO BOX 940 1104  
City-St-Zip: CARRABELLE, FL 32322

Title: D      ( ) Delete  
Name: MILLENDER, COURTNEY  
Address: P O BOX 952, 13TH ST  
City-St-Zip: CARRABELLE, FL 32322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GARRY MILLENDER

CD

01/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date