


FILED

Apr 14, 2003 8:00 am
Secretary of State

03-17-2003 91095 005 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

3

DOCUMENT # N98000004230 1. Entity Name KINGDOM BUILDERS OUTREACH MINISTRY, INC.			
Principal Place of Business P O BOX 952 13TH ST CARRABELLE FL 32322		Mailing Address P O BOX 940 CARRABELLE FL 32322	
2. Principal Place of Business 1104 Owens Dr Suite, Apt. #, etc. PO Box 940 City & State Carrabelle FL Zip 32322 Country Franklin		3. Mailing Address PO Box 940 Suite, Apt. #, etc. City & State Carrabelle FL Zip 32322 Country Franklin	
4. FEI Number 59-3523804		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLENDER, CYNTHIA G P O BOX 952 13TH ST CARRABELLE FL 32322		7. Name and Address of New Registered Agent Name Cynthia G Millender Street Address (P.O. Box Number is Not Acceptable) 1104 Owens Dr. CARRABELLE City CARRABELLE FL Zip Code 32322	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MILLENDER, GARRY P O BOX 952, 13TH ST CARRABELLE FL 32322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD millender, Garry PO Box 940 1104 Owens Dr CARRABELLE FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLENDER, CYNTHIA (GINA) P O BOX 952, 13TH ST CARRABELLE FL 32322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD millender, Cynthia (Gina) PO Box 940 1104 Owens Dr CARRABELLE FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLENDER, COURTNEY P O BOX 952, 13TH ST CARRABELLE FL 32322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D millender, Courtney PO Box 940 1104 Owens Dr. CARRABELLE FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: GARRY MILLENDER		Date 03-06-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-697 3114	

CR2E037 (10/02)