

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

3. Mailing Address

PO Box 940
Suite, Apt. #, etc.
City & State
Carrabelle FL



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3523804

Applied For
Not Applicable

5. Certificate of Status Desired

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: CD
NAME: MILLENDER, GARRY
STREET ADDRESS: P O BOX 952, 13TH ST
CITY-ST-ZIP: CARRABELLE FL 32322 Delete

TITLE: CD
NAME: millender, Garry
STREET ADDRESS: PO Box 940 1104 Owens Dr
CITY-ST-ZIP: Carrabelle FL 32322 Change Addition

TITLE: STD
NAME: MILLENDER, CYNTHIA (GINA)
STREET ADDRESS: P O BOX 952, 13TH ST
CITY-ST-ZIP: CARRABELLE FL 32322 Delete

TITLE: STD
NAME: millender, Cynthia (Gina)
STREET ADDRESS: PO Box 940 1104 Owens Dr
CITY-ST-ZIP: Carrabelle FL 32322 Change Addition

TITLE: D
NAME: MILLENDER, COURTNEY
STREET ADDRESS: P O BOX 952, 13TH ST
CITY-ST-ZIP: CARRABELLE FL 32322 Delete

TITLE: D
NAME: millender, Courtney
STREET ADDRESS: PO Box 940 1104 Owens Dr.
CITY-ST-ZIP: Carrabelle FL 32322 Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARRY MILLENDER

Date

03-06-03 3114
850-697

Daytime Phone #

CR2E037 (10/02)