


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90012 021 ****70.00

DOCUMENT # N98000004479
1. Entity Name
KINGDOM BUILDERS CHRISTIAN LIFE CENTER INT'L, INC.



Principal Place of Business: **412 SOUTH SALISBURY AVENUE DELAND FL 32720**
Mailing Address: **P.O. BOX 2478 DELAND FL 32721-2478**



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

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

Zip Country

4. FEI Number: **59-3529908**
Applied For: Not Applicable

5. Certificate of Status Desired **-\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent
**TYLER, STEPHAN R SR.
412 SOUTH SALISBURY AVENUE
DELAND FL 32720**

7. Name and Address of New Registered Agent
Name: *Tyler, Stephan R. Sr.*
Street Address (P.O. Box Number is Not Acceptable): *1201 E. New York Ave*
City: *Deland, Florida* FL Zip Code: *32724*

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: *Stephan R. Tyler Sr. Pastor* DATE: *16 FEB 07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	SP TYLER, STEPHAN R SR. 2603 PARK LAKE DR DELAND FL 32724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YOUNG, ERRICK DEACON 977 HUGO CIRCLE DELTONA FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB ROLLINS, KENDRICK DEACON 209 W. DIVISION ST. DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYRIE, VIRGINIA 700 EAST VOORHIS AVENUE DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, CALVIN 604 HARRISON PL DR., APT 1315 DELAND FL 32724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stephan R. Tyler Sr. Pastor* DATE: *16 FEB 07* DAYTIME PHONE #: *386.736.4183*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR