

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90009 047 ****61.25

DOCUMENT # N98000006666

1. Entity Name

THY KINGDOM COME MINISTRIES, INC.

Principal Place of Business

Mailing Address

**2420 NORTHWEST 60 STREET
 MIAMI FL 33142**

**2420 NORTHWEST 60 STREET
 MIAMI FL 33142-2341**

A8045287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19825 N.W. 44th Place

3. Mailing Address

19825 N.W. 44th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0878802

Applied For

Not Applicable

Zip

33055

Country

Dade

Zip

33055

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, ALPHONSE	
STREET ADDRESS	2420 NORTHWEST 60 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	STOKES, JACKIE	
STREET ADDRESS	2420 NORTHWEST 60 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTENADOS, FERMIN	
STREET ADDRESS	2420 NORTHWEST 60 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stokes, Jackie	
STREET ADDRESS	19825 N.W. 44th PLACE	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castenados, Fermin	
STREET ADDRESS	7900 N.W. 2nd Ave; suite 44	
CITY-ST-ZIP	MIAMI, FL 33138	
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 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: **Alphonse Wright** **Alphonse Wright** **President** **4/6/2000** **(305) 624-2949**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)