

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90284 048 ****61.25

DOCUMENT # N98000006666

1. Entity Name

THY KINGDOM COME MINISTRIES, INC.



Principal Place of Business

2515 N.W. 95TH ST.
MIAMI FL 33147

Mailing Address

P.O. BOX 531244
MIAMI FL 33153-1244

2. Principal Place of Business

3015 N.W. 79th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33147

Country

Zip

Country

4. FEI Number

65-0878802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. 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 reinstalling)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	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	HANNA, CYNTHIA	
STREET ADDRESS	4848 N.W. 8TH CT.	
CITY-ST-ZIP	PLANTATION FL 3317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTENADOS, FERMIN	
STREET ADDRESS	7900 NE 2ND AVE., SUITE 504	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, WILLIE	
STREET ADDRESS	5121 REDFOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATLEY, LARETTA	
STREET ADDRESS	621 N.W. 15TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felecia Newell	
STREET ADDRESS	P.O. Box 661635	
CITY-ST-ZIP	Miami Springs, FL 33266-1635	
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		
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, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04, 786-290-7772

Date

Daytime Phone #