


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006666
 1. Entity Name
 THY KINGDOM COME MINISTRIES, INC.



Principal Place of Business: 801 NORTHWEST 62ND STREET MIAMI FL 33138 US
 Mailing Address: P.O. BOX 531244 MIAMI FL 33153-1244 US



2. Principal Place of Business: Suite, Apt #, etc. City & State. Zip Country
 3. Mailing Address: Suite, Apt #, etc. City & State. Zip Country

1st MOORE CR2E037 (10/05)
 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 of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature: typed or printed name of registration agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006
 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: PD NAME: WRIGHT, ALPHONSE STREET ADDRESS: 2420 NORTHWEST 60 STREET CITY-ST-ZIP: MIAMI FL 33142	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000532380 05/06/06-80082-004 61.25
TITLE: SVD NAME: HANNA, CYNTHIA STREET ADDRESS: 4848 N.W. 8TH CT. CITY-ST-ZIP: PLANTATION FL 3317	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: TD NAME: CASTENADOS, FERMIN STREET ADDRESS: 7900 NE 2ND AVE., SUITE 504 CITY-ST-ZIP: MIAMI FL 33138	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: WALKER, WILLIE STREET ADDRESS: 5121 REDFOX RUN CITY-ST-ZIP: TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: WATLEY, LARETTA STREET ADDRESS: 621 N.W. 15TH AVE CITY-ST-ZIP: POMPANO BEACH FL 33060	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: NEWELL, FELECIA STREET ADDRESS: PO BOX 661635 CITY-ST-ZIP: MIAMI SPRINGS FL 33266-1635	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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: Alphonse Wright **Alphonse Wright, Pres.** 4/18/06 786 290 777.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #