

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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**



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0878802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, ALPHONSE 2420 NORTHWEST 60 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HANNA, CYNTHIA 4848 N.W. 8TH CT. PLANTATION, FL 3317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTENADOS, FERMIN 7900 NE 2ND AVE., SUITE 504 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WILLIE 5121 REDFOX RUN TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATLEY, LARETTA 621 N.W. 15TH AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, FELECIA PO BOX 661635 MIAMI SPRINGS, FL 332661635

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05/17/07-80004-009 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* *President* 4/25/07 (986) 290 7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #