

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
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**

**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**

**DO NOT WRITE
IN THIS SPACE**

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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 Day Daytime Phone #