

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006666

FILED
Jan 19, 2008
Secretary of State

Entity Name: THY KINGDOM COME MINISTRIES, INC.

Current Principal Place of Business:

801 NORTHWEST 62ND STREET
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531244
MIAMI, FL 331531244 US

New Mailing Address:

FEI Number: 65-0878802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WRIGHT, ALPHONSE
Address: 2420 NORTHWEST 60 STREET
City-St-Zip: MIAMI, FL 33142

Title: SVD () Delete
Name: HANNA, CYNTHIA
Address: 4848 N.W. 8TH CT.
City-St-Zip: PLANTATION, FL 3317

Title: TD () Delete
Name: CASTENADOS, FERMIN
Address: 7900 NE 2ND AVE., SUITE 504
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: WALKER, WILLIE
Address: 5121 REDFOX RUN
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WATLEY, LARETTA
Address: 621 N.W. 15TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: NEWELL, FELECIA
Address: PO BOX 661635
City-St-Zip: MIAMI SPRINGS, FL 332661635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WRIGHT, ALPHONSE
Address: 1040 N.E. 78TH STREET RD.
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSE WRIGHT

PD

01/19/2008

Electronic Signature of Signing Officer or Director

Date