

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

DOCUMENT# N98000006666

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:**

1040 N.E.78TH ST. RD.  
# 4  
MIAMI, FL 33138 US

**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 ( )

**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: 1040 N.E. 78TH STREET RD.  
City-St-Zip: MIAMI, FL 33138

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

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

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

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

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

P

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date