

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006666

FILED
May 04, 2010
Secretary of State

Entity Name: THY KINGDOM COME MINISTRIES, INC.

Current Principal Place of Business:

1040 N.E. 78TH ST. RD.
4
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
Name: WRIGHT, ALPHONSE
Address: 1040 N.E. 78TH STREET RD.
City-St-Zip: MIAMI, FL 33138

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALPHONSE WRIGHT

PRES

05/04/2010

Electronic Signature of Signing Officer or Director

Date