

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90049 024 ****61.25

DOCUMENT # N99000001301

1. Entity Name
KINGDOM LIFE AND DOMINION CHURCH, INC.



Principal Place of Business
**3138 S UNIVERSITY DR
MIRAMAR, FL 33025**

Mailing Address
**3138 S UNIVERSITY DR
MIRAMAR, FL 33025**

40053300



2. Principal Place of Business - No P.O. Box #
3400 SW 69th Way
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 551943
Suite, Apt. #, etc.

01312008 Chg-NP CR2E037 (12/06)

City & State
Miramar, FL

City & State
MIAMI, FL

4. FEI Number
65-0899141

Applied For
Not Applicable

Zip
33023

Country
USA

Zip
33055

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BISHOP, ROBERT
7560 NW 16TH STREET
PLANTATION, FL 33313**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SCARLETT, DAZNETT
3138 S. UNIV. DR.
MIRAMAR, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WALKER, ANNETTE
PO BOX 551943
CAROL CTY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BISHOP, SHARON
3138 S. UNIV. DR
OPA LOCKA, FL 33056** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WESTON, VALERIE
3138 S. UNIV. DR
MIRAMAR, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PPD
BISHOP, ROBERT
PO BOX 551943
CAROL CTY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, RAY
PO BOX 551943
CAROL CTY, FL** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Darlene Lafialle
PO BOX 551943, MIAMI FL 33055** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

President/Pastor

2/06/08

(954) 447-2665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #