


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001805</b>	
1. Entity Name KINGDOM MINISTRIES, INC.	

Principal Place of Business 11517 BIRCH FOREST CIR. E. JACKSONVILLE, FL 32218	Mailing Address 11517 BIRCH FOREST CIR. E. JACKSONVILLE, FL 32218
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04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3391052	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  POLLARD, DESSIE B JR. 9453 SAPPINGTON AVE. JACKSONVILLE, FL 32208	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, JAMES S 11517 BIRCH FOREST CIR. E. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRIS, JACQUELINE K 11517 BIRCH FOREST CIR. E. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD YOUNG, SANDRA 5141 GLEN ALAN CT. NORTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YOUNG, ROBERT 5141 GLEN ALAN CT. NORTH JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees.

<b>SIGNATURE:</b> <u>JAMES S HARRIS - PASTOR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/13/05</u> <small>Date</small>	<u>904 757 4521</u> <small>Daytime Phone #</small>
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