

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N99000001805**

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**



04242006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3391052**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POLLARD, DESSIE B JR.  
9453 SAPPINGTON AVE.  
JACKSONVILLE, FL 32208**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HARRIS, JAMES S
STREET ADDRESS	11517 BIRCH FORESR CIR. E.
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VD
NAME	HARRIS, JACQUELINE K
STREET ADDRESS	11517 BIRCH FOREST CIR. E.
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	SD
NAME	YOUNG, SANDRA
STREET ADDRESS	5141 GLEN ALAN CT. NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	YOUNG, ROBERT
STREET ADDRESS	5141 GLEN ALAN CT. NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000534924  
05/08/06-80032-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*James S. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/06*  
Date

*904757452*  
Daytime Phone #