

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001805

FILED
Apr 24, 2008
Secretary of State

Entity Name: KINGDOM MINISTRIES, INC.

Current Principal Place of Business:

11517 BIRCH FOREST CIR. E.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11517 BIRCH FOREST CIR. E.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3391052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLLARD, DESSIE B JR.
9453 SAPPINGTON AVE.
JACKSONVILLE, FL 32208 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: HARRIS, JAMES S
Address: 11517 BIRCH FORESR CIR. E.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: HARRIS, JACQUELINE K
Address: 11517 BIRCH FOREST CIR. E.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: YOUNG, SANDRA
Address: 5141 GLEN ALAN CT. NORTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: YOUNG, ROBERT
Address: 5141 GLEN ALAN CT. NORTH
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: JAMES S HARRIS

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date