

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90824 027 ***150.00

DOCUMENT # **P95000063017**
1. Entity Name
BEYOND THE KINGDOM, INC.



Principal Place of Business
**635 SAMANTHA LANE
LAKE MARY FL 32746**

Mailing Address
**635 SAMANTHA LANE
LAKE MARY FL 32746**



2. Principal Place of Business
PO Box 950804
Suite, Apt. #, etc.

3. Mailing Address
PO Box 950804
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAKE MARY FL

City & State
LAKE MARY FL

Zip
32795-0804

Country
SEMINOLE

Zip
32795-0804

Country
SEMINOLE

4. FEI Number **59-3330318**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MOUERY, GINA
635 SAMANTHA LANE
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent
Name **GINA MOWERY**
Street Address (PO Box) **1423 Redwood Grove Terrace**
LAKE MARY, FL 3
City **LAKE MARY** FL **32746**

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]* (NOTE: Registered Agent signature required when reinstating)

DATE **2/17/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME MOWERY, GINA	
STREET ADDRESS 635 SAMANTHA LANE	
CITY-ST-ZIP LAKE MARY FL 32746	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GINA MOWERY	
STREET ADDRESS 1423 Redwood Grove Terrace	
CITY-ST-ZIP LAKE MARY FL 32746	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of trustee empowered to execute this report as required by Chapter 607, 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: *[Signature]* **pres.** DATE: **2/17/03** DAYTIME PHONE #: **(407) 310-3912**

CR2E034 (10/02)