

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011472

Entity Name: KINGDOM LIFE MINISTRIES OF GAINESVILLE, INC.**Current Principal Place of Business:**902 SE 10TH TERRACE
GAINESVILLE, FL 32601-8100**Current Mailing Address:**902 SE 10TH TERRACE
GAINESVILLE, FL 32601-8100 US**FEI Number:** 20-3743553**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRADLEY, WINSTON J
6215 NW 56TH LN
GAINESVILLE, FL 32653-3118 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	RICHARDSON, BEATRICE KATHY L PASTOR
Address	902 SE 10TH TERRACE
City-State-Zip:	GAINESVILLE FL 32601-8100

Title	VP
Name	BUTLER, NEIL ASST. PASTOR
Address	902 SE 10TH TERRACE
City-State-Zip:	GAINESVILLE FL 32601-8100

Title	TREASURER
Name	WILLIAMS, EVELYN ELDER
Address	902 SE 10TH TERRACE
City-State-Zip:	GAINESVILLE FL 32601-8100

Title	VP
Name	BRADLEY, WINSTON J ASST. PASTOR
Address	902 SE 10TH TERRACE
City-State-Zip:	GAINESVILLE FL 32601-8100

Title	SECRETARY
Name	WILLIAMS, VERONICA L
Address	902 SE 10TH TERRACE
City-State-Zip:	GAINESVILLE FL 32601-8100

Title	DIRECTOR
Name	COLE, EDITH ELDER
Address	902 SE 10TH TERRACE
City-State-Zip:	GAINESVILLE FL 32601-8100

I hereby 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 all other like empowered.

SIGNATURE: VERONICA L. WILLIAMS**SECRETARY****03/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date