

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007644

Entity Name: KINGDOM BUILDERS INTERNATIONAL APOSTOLIC
MINISTRIES INC**Current Principal Place of Business:**6150 W OAKLAND PARK BOULEVARD
OAKLAND PARK, FL 33313**Current Mailing Address:**3193 NW 32ND COURT
OAKLAND PARK, FL 33309 US**FEI Number: 46-0804078****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NELSON, LENVILLE F
3193 NW 32ND COURT
OAKLAND PARK, FL 33309 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	P
Name	NELSON, LENVILLE F
Address	3193 NW 32ND COURT
City-State-Zip:	OAKLAND PARK FL 33309

Title	DIR
Name	NELSON, MAVIS G
Address	3193 NW 32ND COURT
City-State-Zip:	OAKLAND PARK FL 33319

Title	DIR
Name	FEARON, NEKAY
Address	240 SW 29TH TERRACE
City-State-Zip:	FT LAUDERDALE FL 33312

Title	DIRECTOR
Name	FACEY-BAILEY, SOPHIA PHD
Address	7380 NW 28 COURT
City-State-Zip:	LAUDERHILL FL 33319

Title	VP
Name	HAYDEN, DWAYNE D
Address	4910 NW 58TH STREET
City-State-Zip:	TAMARAC FL 33319

Title	SEC
Name	HAYDEN, CHANIEL M
Address	3640 NW 28TH COURT
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	DIRECTOR
Name	MCLAUGHLIN, GELIA
Address	3311 NW 36TH AVENUE
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	DIRECTOR
Name	MCCURRIE, FRANKLYN
Address	3580 NW 95TH TERRACE
City-State-Zip:	SUNRISE FL 33351

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: LENVILLE F NELSON**PRESIDENT****02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date