

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004479

**Entity Name:** KINGDOM BUILDERS CHRISTIAN LIFE CENTER INT'L, INC.

**Current Principal Place of Business:**

1201 E. NEW YORK AVE.  
DELAND, FL 32724

**Current Mailing Address:**

P.O. BOX 2478  
DELAND, FL 32721-2478

**FEI Number: 59-3529908**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TYLER, STEPHAN RSR.  
1201 E. NEW YORK AVE.  
DELAND, FL 32724 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 SP  
Name TYLER, STEPHAN RSR.  
Address 502 HARRISON PLACE DRIVE APT.  
#214  
City-State-Zip: DELAND FL 32724

Title T  
Name YOUNG, ERRICK ELDER  
Address 3401 WAVECREST STREET  
City-State-Zip: DELTONA FL 32738

Title COB  
Name ROLLINS, KENDRICK DEACON  
Address 209 W. DIVISION ST.  
City-State-Zip: DELAND FL 32720

Title D  
Name MYRIE, VIRGINIA  
Address 700 EAST VOORHIS AVENUE  
City-State-Zip: DELAND FL 32720

Title D  
Name DAVIS, CALVIN DEACON  
Address 604 HARRISON PL DR., APT 1315  
City-State-Zip: DELAND FL 32724

Title D  
Name CARTER, JOYCE  
Address 412 SALISBURY AVE.  
City-State-Zip: DELAND FL 32720

Title DIR  
Name DOWNER, VIVIENNE  
Address FRANKFURT AVE.  
City-State-Zip: DELAND FL 32720

*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: STEPHAN R. TYLER, SR.**

**SENIOR PASTOR**

**04/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date