

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000022079

Entity Name: KINGDOM EMPOWERMENT ENTERPRISES, INC**Current Principal Place of Business:**9340 N 56TH ST
STE 110
TEMPLE TERRACE, FL 33617-5525**Current Mailing Address:**9340 N 56TH ST
STE 110
TEMPLE TERRACE, FL 33617-5525 US**FEI Number:** 27-5427152**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STRIBLING, SHALITA P
9340 N 56TH ST
STE 110
TEMPLE TERRACE, FL 33617-5525 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:** SHALITA P STRIBLING

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO, CFO
Name	STRIBLING, SHALITA P
Address	9340 N 56TH ST STE 110
City-State-Zip:	TEMPLE TERRACE FL 33617-5525

Title	CHAIRMAN
Name	HARDY, SHAYLA J
Address	9340 N 56TH ST STE 110
City-State-Zip:	TEMPLE TERRACE FL 33617-5525

Title	SECRETARY
Name	JOHNSON, QUINTON R D
Address	9340 N 56TH ST STE 110
City-State-Zip:	TEMPLE TERRACE FL 33617-5525

Title	ASST. SECRETARY
Name	JOHNSON, ALTON K
Address	9340 N 56TH ST STE 110
City-State-Zip:	TEMPLE TERRACE FL 33617-5525

Title	OFFICER
Name	JOHNSON, ISAIAH E
Address	9340 N 56TH ST STE 110
City-State-Zip:	TEMPLE TERRACE FL 33617-5525

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHALITA P STRIBLING

CEO

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date