

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000022079

Entity Name: KINGDOM EMPOWERMENT ENTERPRISES, INC**Current Principal Place of Business:**9340 N 56TH ST
STE 110
TAMPA, FL 33617-5525**Current Mailing Address:**P O BOX 290376
TAMPA, FL 33687**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
TAMPA, 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**04/29/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, CFO, PRESIDENT
Name STRIBLING, SHALITA P
Address P O BOX 290376
City-State-Zip: TAMPA FL 33687

Title CHAIRMAN
Name HARDY, SHAYLA J
Address P O BOX 290376
City-State-Zip: TAMPA FL 33687

Title SECRETARY
Name JOHNSON, QUINTON R D
Address P O BOX 290376
City-State-Zip: TAMPA FL 33687

Title ASST. SECRETARY
Name JOHNSON, ALTON K
Address P O BOX 290376
City-State-Zip: TAMPA FL 33687

Title OFFICER
Name JOHNSON, ISAAH E
Address P O BOX 290376
City-State-Zip: TAMPA FL 33687

Title VP, COO
Name STRIBLING, COREY D
Address PO BOX 290376
City-State-Zip: TAMPA FL 33687

Title VC
Name DAYMOND, TRAVIS D
Address P O BOX 290376
City-State-Zip: TAMPA FL 33687

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****04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date