

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000129555

Entity Name: KINGDOM WORKERS SERVICES AND ASSOCIATION LLC**Current Principal Place of Business:**7128 DUNN AVE
JACKSONVILLE , FL 32219**Current Mailing Address:**7462 TINTERN CIRCLE NORTH
JACKSONVILLE, FL 32244 US**FEI Number:** 45-2760333**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICE, DR. JINNIFRE MOORE
7128 DUNN AVE
JACKSONVILLE, FL 32219 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:** DR. JINNIFRE MOORE RICE

03/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO, MANAGING DIRECTOR,
AUTHORIZED REPRESENTATIVE
Name RICE, JINNIFRE MOORE
Address 7462 TINTERN CIRCLE NORTH
City-State-Zip: JACKSONVILLE FL 32244

Title COO
Name RICE, BISHOP JAMES JR.
Address 4805 S. HEMINGWAY CIRCLE
City-State-Zip: MARGATE FL 33063

Title VP
Name WHITING, CALVIN E
Address 7462 TINTERN CIRCLE NORTH UNIT B
City-State-Zip: JACKSONVILLE FL 32244

Title ASST. SECRETARY
Name MINOR, CYNTHIA A.
Address 6312 TINTERN CIRCLE EAST
City-State-Zip: JACKSONVILLE FL 32244

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. JINNIFRE MOORE RICE

CEO

03/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date