2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2018
Secretary of State
CC6573654008

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Entity Name: KINGSWAY MINISTRIES, INC.

Current Principal Place of Business:

3707 S.W. 9TH STREET
DES MOINES, IA 50315-3047

Current Mailing Address:

3707 S.W. 9TH STREET
DES MOINES, IA 50315-3047 US

FEI Number: 42-1100559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLAND, FLOYD REV.
3735 PINEVIEW DR.
SEBRING, FL 33875 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: REV. FLOYD HOLLAND 01/29/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	JENKINS, WILLIAM DR.
Address	3707 SW 9TH ST
City-State-Zip:	DES MOINES IA 50315

Title	DIR
Name	MILLS, PAUL REV.
Address	306 DITTO AVE
City-State-Zip:	ARLINGTON TX 76010-0475

Title	TREA
Name	NICHOLSON, LYNN DR.
Address	3707 SW 9TH ST
City-State-Zip:	DES MOINES IA 50315

Title	DIRECTOR
Name	HELMUTH, JOHN
Address	PO BOX 325
City-State-Zip:	KALONA IA 52247

Title	DIRECTOR
Name	DOORN, ROBERT DR.
Address	700 MAGUIRE PARK ST., #104
City-State-Zip:	OCOEE FL 34761

Title	DIR
Name	BROWNING, KEN REV.
Address	5908 DOWNINGTON PL, NW
City-State-Zip:	ACWORTH GA 30101-8480

Title	VP
Name	BREESE, RONALD DR.
Address	PO BOX 988
City-State-Zip:	KALONA IA 52247

Title	DIRECTOR
Name	LUSK, MICHAEL
Address	112 GORDON DR.
City-State-Zip:	WILLS POINT TX 75169

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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: DR. WILLIAM JENKINS PRESIDENT 01/29/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JEFFORDS, REENE
Address	7430 FIVE LAKES DRIVE
City-State-Zip:	FARWELL MI 48622