

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000869

**Entity Name:** TINA KING MINISTRIES & OSHEBA INTERNATIONAL ORPHANAGE, INC.

**FILED  
Apr 30, 2020  
Secretary of State  
5191233472CC**

**Current Principal Place of Business:**

4140 MIDDLEBROOK ROAD  
#828  
ORLANDO, FL 32811

**Current Mailing Address:**

P. O. BOX 4425  
HARRISBURG, PA 17112 US

**FEI Number: 75-3255256**

**Certificate of Status Desired: No**

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

KING, TINA O  
4140 MIDDLEBROOK ROAD  
#828  
ORLANDO, FL 32811 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           PRESIDENT/MANAGING DIRECTOR  
Name           KING, TINA O  
Address        7026 BEECH TREE DRIVE  
City-State-Zip: HARRISBURG PA 17111

Title           VP  
Name           KING, JR., PINKNEY  
Address        7026 BEECH TREE DRIVE  
City-State-Zip: HARRISBURG PA 17111

Title           P.R  
Name           KING, STEPHANIE O  
Address        4150 EASTGATE DRIVE  
City-State-Zip: ORLANDO FL 32839

Title           DIRECTOR  
Name           KING, SHADRACH W.  
Address        4150 EASTGATE DRIVE  
City-State-Zip: ORLANDO FL 32839

Title           CPA  
Name           TEMPLETON, JAMES  
Address        612 LIBERTY AVE  
City-State-Zip: N. BERGEN NJ 07047

*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: TINA KING**

**DIRECTOR**

**04/30/2020**

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

\_\_\_\_\_  
Date