

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000869

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

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC5255436656**

**Current Principal Place of Business:**

4525 EMERSON PARK DR  
SUITE 105  
ORLANDO, FL 32839

**Current Mailing Address:**

P. O. BOX 701674  
SAINT CLOUD, FL 34770 US

**FEI Number: 75-3255256**

**Certificate of Status Desired: No**

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

KING, TINA O  
4525 EMERSON PARK DR  
SUITE 105  
ORLANDO, FL 32839 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 P  
Name KING, TINA O  
Address 4525 EMERSON PARK DRIVE  
SUITE 105  
City-State-Zip: ORLANDO FL 32839

Title VP  
Name KING, JR., PINKNEY  
Address 4525 EMERSON PARK DRIVE  
SUITE 105  
City-State-Zip: ORLANDO FL 32839

Title P.R  
Name KING, STEPHANIE O  
Address 4525 EMERSON PARK DRIVE  
SUITE 105  
City-State-Zip: ORLANDO FL 32839

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

Title DIRECTOR  
Name KING, SHADRACH W.  
Address 4525 EMERSON PARK DR  
SUITE 105  
City-State-Zip: ORLANDO FL 32839

*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 ORODE KING**

**PRESIDENT**

**04/14/2014**

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

\_\_\_\_\_  
Date