

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90017 009 ****61.25

DOCUMENT # N92000000430

1. Entity Name

KING OF KINGS CHRISTIAN CHURCH FOUNDATION, INC.

Principal Place of Business 3949 ATLANTIC BLVD JACKSONVILLE FL 32207 US	Mailing Address 2207 ALICIA LANE ATLANTIS BEACH FL 32233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3155817		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent JOHNSTON, DAVID REV 2207 ALICIA LANE ATLANTIC BEACH FL 32233				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. 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 *David L. Johnston* DATE 4/16/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, DAVID REV			NAME			
STREET ADDRESS	2207 ALICIA LANE			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, CHARLES T			NAME			
STREET ADDRESS	14614 FALLING CREEK DRIVE, SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77068			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISLER, JUDITH			NAME	S. Sisler Judith		
STREET ADDRESS	9143 PHILLIPS HIGHWAY, SUITE 260	<i>Address change</i>		STREET ADDRESS	9454 Phillips Hwy Suite #8		
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY-ST-ZIP	Jacksonville FL 32256		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMONIC, NICHOLAS T			NAME			
STREET ADDRESS	8280 PRINCETON SQUARE W. STE. 5			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David L. Johnston* **DAVID L. JOHNSTON** DATE 4/16/00 DAYTIME PHONE # (904) 396-3949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)