

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90063 020 \*\*\*\*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

00022780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3155817

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, DAVID REV  
 2207 ALICIA LANE  
 ATLANTIC BEACH FL 32233

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*  
 Signature, typed or printed name of registered agent and title if applicable

DAVID L. JOHNSTON

2/10/01

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  Delete  
 NAME: JOHNSTON, DAVID REV  
 STREET ADDRESS: 2207 ALICIA LANE  
 CITY-ST-ZIP: ATLANTIC BEACH FL 32233

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  Delete  
 NAME: HOLLOWAY, CHARLES T  
 STREET ADDRESS: 14614 FALLING CREEK DRIVE, SUITE 100  
 CITY-ST-ZIP: HOUSTON TX 77068

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  Delete  
 NAME: SISLER, JUDITH  
 STREET ADDRESS: 9454 PHILLIPS HWY STE #8  
 CITY-ST-ZIP: JACKSONVILLE FL 32256

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  Delete  
 NAME: SIMONIC, NICHOLAS T  
 STREET ADDRESS: 8280 PRINCETON SQUARE W. STE. 5  
 CITY-ST-ZIP: JACKSONVILLE FL 32256

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. JOHNSTON

(904) 396-3949

2/10/01

Daytime Phone #

CR2E037 (10/00)