

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000430

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** KING OF KINGS CHRISTIAN CHURCH FOUNDATION, INC.

**Current Principal Place of Business:**

3949 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

2207 ALICIA LANE  
ATLANTIS BEACH, FL 32233

**New Mailing Address:**

**FEI Number:** 59-3155817      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JOHNSTON, DAVID REV  
2207 ALICIA LANE  
ATLANTIC BEACH, FL 32233 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JOHNSTON, DAVID REV  
Address: 2207 ALICIA LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D      ( ) Delete  
Name: SHIRLEY, PAUL D  
Address: 5255 COUNTY ROAD 209 SOUTH  
City-St-Zip: GREN COVE SPRINGS, FL 32043

Title: D      ( ) Delete  
Name: SISLER, JUDITH  
Address: 9454 PHILLIPS HWY STE #8  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D      ( ) Delete  
Name: SIMONIC, NICHOLAS T  
Address: 8280 PRINCETON SQUARE W. STE. 5  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID L JOHNSTON

Electronic Signature of Signing Officer or Director

PRES

05/13/2009

Date