JACKSONVILL	E, FL 32207			
Current Mai	ling Address:			
2207 ALICIA ATLANTIS E	LANE BEACH, FL 32233 US			
FEI Number: 59-3155817			Certificate of Status Desired:	No
Name and A	Address of Current Registered Agent:			
JOHNSTON, D. 2207 ALICIA LA ATLANTIC BEA				
-				
The above name	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	stered office or regis	tered agent, or both, in the State of Florida.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tered office or regis		Date
	Electronic Signature of Registered Agent	stered office or regis		Date
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis		Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : D	Title	D	Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : D JOHNSTON, DAVID REV	Title Name	D SHIRLEY, PAUL D 5255 COUNTY ROAD 209 SOUTH	Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : D JOHNSTON, DAVID REV 2207 ALICIA LANE	Title Name Address	D SHIRLEY, PAUL D 5255 COUNTY ROAD 209 SOUTH	Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : D JOHNSTON, DAVID REV 2207 ALICIA LANE ATLANTIC BEACH FL 32233	Title Name Address City-State-Zip:	D SHIRLEY, PAUL D 5255 COUNTY ROAD 209 SOUTH GREN COVE SPRINGS FL 32043	Date

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: DAVID L JOHNSTON

UNIT 407

City-State-Zip:

JACKSONVILLE FL 32256

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

City-State-Zip: JACKSONVILLE FL 32256

05/25/2016 Date

FILED May 25, 2016 **Secretary of State** CC5418904877

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000430

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

Current Principal Place of Business:

3949 ATLANTIC BLVD JACKSONVILLE, FL 32207