FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714621** **(0)**

1. Corporation Name

KING OF KINGS EVENGELICAL LUTHERAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O LARRY ZAHN 1101 NORTH WYMORE ROAD MAITLAND FL 32751	C/O LARRY ZAHN 1101 NORTH WYMORE ROAD MAITLAND FL 32751

3. Date Incorporated or Qualified: 05/20/1968
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1993602 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZAHN, PASTOR LARRY
1113 N WYMORE ROAD
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	FSD	11 TITLE	VP	☐ Change ☐ Addition
NAME	BLADES, JACK	12 NAME	Blades Jack	
STREET ADDRESS	1049 COUNTRY COVE COURT	13 STREET ADDRESS	1049 Country Cove Court	
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP	Oviedo FL	
TITLE	PD	21 TITLE	FS	☐ Change ☐ Addition
NAME	FABER, RON	22 NAME	Faber Ron	
STREET ADDRESS	3817 OYSTER COURT	23 STREET ADDRESS	3817 Oyster Court	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL	
TITLE	VD	31 TITLE	PD	☐ Change ☐ Addition
NAME	RUTH, RICHARD	32 NAME	Ruth Richard	
STREET ADDRESS	500 SWEETWATER BAY COURT	33 STREET ADDRESS	5000 Sweetwater Bay Court	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	Longwood FL	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	RANFT, MARTY	42 NAME		
STREET ADDRESS	1417 VALE CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	CHRISTMAN, LARRY	52 NAME		
STREET ADDRESS	5101 TALLOW WOOD CT.	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Marty L. Ranft Martin L Ranft 4/1/95 407/365-9422
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

00031777