

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714621** (0)
1. Corporation Name
KING OF KINGS EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business C/O LARRY ZAHN 1101 NORTH WYMORE ROAD MAITLAND FL 32751	Mailing Address C/O LARRY ZAHN 1101 NORTH WYMORE ROAD MAITLAND FL 32751
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3. Date Incorporated or Qualified 05/20/1968	
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**ZAHN, PASTOR LARRY
1113 N WYMORE ROAD
MAITLAND FL 32751**

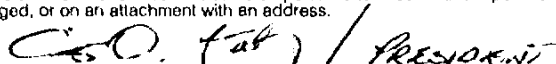
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRUMLEY, HARRY	1.2 NAME	
STREET ADDRESS	624 LAKE SHORE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	1.4 CITY - ST - ZIP	
TITLE	FS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, ALLEN	2.2 NAME	
STREET ADDRESS	6778 NIGHTWIND CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FABER, CRAIG	3.2 NAME	
STREET ADDRESS	5011 LIDO ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	TD ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	RANFT, MARTY	4.2 NAME	TIMM, GEORGE
STREET ADDRESS	1417 VALE CIRCLE	4.3 STREET ADDRESS	4562 MALICK CRESCENT
CITY - ST - ZIP	DELTONA FL	4.4 CITY - ST - ZIP	ORLANDO, FL 32810
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LEARY, RICHARD	5.2 NAME	
STREET ADDRESS	545 MOCCASIN COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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:  4-19-1998 407 485-9078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014020

CR2E037 (10/97)