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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714621**

1. Corporation Name

KING OF KINGS EVANGELICAL LUTHERAN CHURCH, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/20/1968
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1993602 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZAHN, PASTOR LARRY 1113 N WYMORE ROAD MAITLAND FL 32751	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 _____ 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	VP	☐ DELETE	1.1 TITLE	PD	☒ 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	TD	☒ Change ☐ Addition
NAME	FABER, CRAIG		3.2 NAME		
STREET ADDRESS	5011 LIDO ST.		3.3 STREET ADDRESS	2211 CROSS LAKE RD.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	BELLE ISLE, FL. 32809	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TIMM, GEORGE		4.2 NAME		
STREET ADDRESS	4562 MALICK CRESCENT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		4.4 CITY-ST-ZIP		
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	VP	☐ Change ☒ Addition
NAME			6.2 NAME	SNELL, TIMOTHY	
STREET ADDRESS			6.3 STREET ADDRESS	690 ABERDEEN LANE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ TREASURER 4/10/99 (407)425-9078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # EXT 109

CR2E037 (11/98)