2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90093 011 ****70.00

DOCUMENT # 714621

1. Entity 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 32751-4240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1993602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZAHN, PASTOR LARRY 1113 N WYMORE ROAD MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRUMLEY, HARRY 624 LAKE SHORE DR. MAITLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS AUSTIN, ALLEN 6778 NIGHTWIND CIRCLE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FABER, CRAIG 2211 CROSS LAKE RD BELLE ISLE FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEARY, RICHARD 545 MOCCASIN COURT CASSELBERRY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAMES WILKINS 60 COMMUNITY DR. DEBARY, FL. 32713 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SNELL, TIMOTHY 690 ABEROEEN LANE WINTER SPRINGS FL 32708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUFUS HALL 7918 COURTLEIGH DR. ORLANDO, FL 32835 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE CRAIG O. FABER 4-25-00 407-425-9078 EXT. 109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER