2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90116 032 ****61.25

DOCUMENT # 714621

1. Entity Name
KING OF KINGS EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
C/O PASTOR BENJAMIN GOLISCH 1101 NORTH WYMORE ROAD MAITLAND, FL 32751	C/O PASTOR BENJAMIN GOLISCH 1101 NORTH WYMORE ROAD MAITLAND, FL 32751

04122005 Chg-NP CR2E037 (10/03)

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

PASTOR BENJAMIN GOLISCH
1113 N WYMORE ROAD
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FABER, CRAIG O 2211 CROSS LAKE RD. ORLANDO, FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARL LEIBNER 13031 COUNTRY CLUB DRIVE ~~TAVARES, FL 32778~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FTD HALL, RUFUS 7918 COURT LEIGH DR. ORLANDO, FL 32885	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUFUS HALL 5468 TILDENS GROVE BLVD. ~~WINDERMERE, FL 34786~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FABER, RON 5413 CONWAY POINTE COURT ORLANDO, FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHESAK, JEFF H 1121 MONTEAGLE CTR. APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOORE, JIM 634 FIRWOOD COURT ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Rufus Hall RuFus Hall 4/12/05 407-538-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #