2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714621

FILED Jan 04, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O PASTOR BENJAMIN GOLISCH 1101 NORTH WYMORE ROAD MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** C/O PASTOR BENJAMIN GOLISCH 1101 NORTH WYMORE ROAD MAITLAND, FL 32751 FEI Number: 59-1993602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASTOR BENJAMIN GOLISCH 1113 N WYMORE ROAD MAITLAND, FL 32751 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEIBNER, CARL Name: Name: 13031 COUNTRY CLUB DR Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: PASCOE, GLENN Name: FABER, CRAIG Address: 113 FIG TREE RUN Address: 2211 CROSS LAKE ROAD City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: ORLANDO, FL 32809 Title: () Delete Title: () Change () Addition CHESAK, JEFF H Name: Name: 1121 MONTEAGLE CTR. Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: () Delete Title: VPD Title: () Change () Addition Name: MOORE, JIM Name: Address: 634 FIRWOOD COURT Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN GOLISCH RA 01/04/2007