2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 714621

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

Current Principal Place of Business:

C/O PASTOR BENJAMIN GOLISCH
1101 NORTH WYMORE ROAD
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

C/O PASTOR BENJAMIN GOLISCH
1101 NORTH WYMORE ROAD
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-1993602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASTOR BENJAMIN GOLISCH
1113 N WYMORE ROAD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

GOLISCH, BENJAMIN R PASTOR
1113 N WYMORE ROAD
MAITLAND, FL 32751 US

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: BENJAMIN GOLISCH 01/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEIBNER, CARL
Address: 13031 COUNTRY CLUB DR
City-St-Zip: TAVARES, FL 32778

Title: TD ( ) Delete
Name: FABER, CRAIG
Address: 2211 CROSS LAKE ROAD
City-St-Zip: ORLANDO, FL 32809

Title: SD ( ) Delete
Name: DIAZ, MANUEL
Address: 124 ROSE BRIAR DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: VPD (X) Delete
Name: HALL, RUFUS
Address: 5468 TILDENS GROVE BLVD
City-St-Zip: WINDEMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KITTRIDGE, DAVID
Address: 528 FAITH CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: TD (X) Change ( ) Addition
Name: HALL, RUFUS
Address: 5468 TILDENS GROVE BLVD
City-St-Zip: WINDEMERE, FL 34786

Title: SD (X) Change ( ) Addition
Name: STELLJES, JOHN
Address: 122 CROWN POINT CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/26/2009
Electronic Signature of Signing Officer or Director — Date