# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 09, 2003 8:00 am**
**Secretary of State**
04-29-2003 90064 036 ****61.25

DOCUMENT # 714621

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

| Principal Place of Business | Mailing Address |
|---|---|
| ~~C/O LARRY ZAHN~~<br>1101 NORTH WYMORE ROAD<br>MAITLAND FL 32751 | ~~C/O LARRY ZAHN~~<br>1101 NORTH WYMORE ROAD<br>MAITLAND FL 32751 |

44003858

[redacted]

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o Pastor Benjamin Gollsch | SAME |
| 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<br>1113 N WYMORE ROAD<br>MAITLAND FL 32751 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
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 Florida Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>HALL, RUFUS<br>7918 COURTLEIGH DR<br>ORLANDO FL 32835 | ☒ Delete | P<br>FABER, CRAIG O.<br>2211 CROSS LAKE RD.<br>BELLE ISLE, FL. 32809 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FST<br>AUSTIN, ALLEN<br>6778 NIGHTWIND CIRCLE<br>ORLANDO FL 32818 | ☒ Delete | F<br>HALL, RUFUS<br>7918 COURTLEIGH DR<br>ORLANDO, FL. 32835 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FABER, RON<br>5413 CONWAY POINTE CT<br>ORLANDO FL 32812 | ☒ Delete | T J. KERRY ROTH<br>683 Bernheim Loop<br>Winter Springs, FL 32708 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SCARFO, PHIL<br>2537 MAITLAND CROSSING WAY #12207<br>ORLANDO FL 32810 | ☒ Delete | S<br>CHESAK, JEFF H.<br>1121 MONTEAGLE CIR<br>APOPKA, FL 32712 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPT<br>KITTRIDGE, DAVID<br>528 FAITH CIRCLE<br>MAITLAND FL 32757 | ☒ Delete | VP MICHAEL GAWEL<br>3908 Calibre Bend Trail #310<br>Winter Park, FL 32792 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 REQUIRED PRESIDENT 04/22/03 407 628-5230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CRAIG O. FABER