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Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736750 (1)

1. Corporation Name

KING OF KINGS FOUNDATION, INC.

Principal Place of Business

Mailing Address

6401-H SEMINOLE BLVD
SEMINOLE FL 346426401-H SEMINOLE BLVD
SEMINOLE FL 33772-63243. Date Incorporated or Qualified
09/03/19763a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 6401 Seminole Blvd

26 6401 Seminole Blvd

22 Suite, Apt. #, etc. #34

27 Suite, Apt. #, etc. #34

23 City & State SEMINOLE, FL.

28 City & State SEMINOLE, FL.

24 Zip 33772

29 Zip 33772

25 Country PINELLAS

30 Country PINELLAS

9. Name and Address of Current Registered Agent

SHEETS, HERSHEL M
6401-H SEMINOLE BLVD
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name SHEETS, HERSHEL M
82 Street Address (P.O. Box Number is Not Acceptable)
6401 SEMINOLE BLVD #34
83
84 City SEMINOLE FL 85 Zip Code 33772

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MONROE, BONNIE L	
STREET ADDRESS	104-CORAL COURT	
CITY - ST - ZIP	CLEARWATER, FL 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SHEETS, HERSHEL M	
STREET ADDRESS	6401-H SEMINOLE BLVD	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHEETS, BARBARA	
STREET ADDRESS	6401-H SEMINOLE BLVD	
CITY - ST - ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHEETS, HERSHEL M
2.3 STREET ADDRESS	6401 SEMINOLE BLVD #34
2.4 CITY - ST - ZIP	SEMINOLE, FL. 33772
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHEETS, BARBARA
3.3 STREET ADDRESS	6401 SEMINOLE BLVD #34
3.4 CITY - ST - ZIP	SEMINOLE, FL. 33772
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herschel M. Sheets HERSHEL M. SHEETS (813) 893-5592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0961634

CR2E037 (9/96)