

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Muntham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761987 (7)

1. Corporation Name

THE KING'S WAY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

501 S. KINGSWAY RD.
P.O. BOX 515
SEFFNER FL 33584

501 S. KINGSWAY RD.
P.O. BOX 515
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1982

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2076962

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, TERRY L.
531 SPORTSMAN PARK DRIVE
SEFFNER FL 33584

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

DST
BENNETT, RONALD
1229 OAK VALLEY DR
SEFFNER FL

1.1 TITLE
1.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME

D
BROWN, HARVEY
1605 LONG POND DR.
VALRICO FL

2.1 TITLE
2.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME

P
WALLACE, TERRY L.
531 SPORTSMAN PARK DRIVE
SEFFNER FL

3.1 TITLE
3.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME

D
GATRETT, JOEL B
1207 OAK VALLEY DRIVE
SEFFNER FL

4.1 TITLE
4.2 NAME

☒ Change ☒ Addition

STREET ADDRESS
CITY - ST - ZIP

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D
Thompson, Ron
412 Morgan St.
Brandon, FL 33510

TITLE
NAME

D
PACINELLO, CARL
1114 TIBURON DRIVE
SEFFNER FL

5.1 TITLE
5.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME

6.1 TITLE
6.2 NAME

☐ Change ☒ Addition

STREET ADDRESS
CITY - ST - ZIP

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

D
Wilcox, Paul
508 Hilldale Rd.
Brandon, FL 33510

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Terry L. Wallace

Terry L. Wallace

4/12/95

813 684-3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$130.00

**ANNUAL REPORT \$61.25 + \$68.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$130.00.

- Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.
- Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.
- Block 2a. If the computer-entered mailing address is not acceptable, Post Office Box is acceptable.
- Block 3. Enter the date of incorporation or qualification.
- Block 3a. Enter the file date of the last filed annual report.
- Block 4. Complete Block 4 by entering your Federal tax identification number. For assistance, call 1-800-352-3671. If "applied for" is preprinted in Block 4, you must indicate in Block 5 and include an additional \$8.75 with your filing.
- Block 5. Should you desire a certificate reflecting the payment of the fee, check the appropriate box. If the corporation is a non-profit corporation not subject to the \$68.75 supplemental corporation fee, please direct all questions to the Department of State.
- Block 6. Florida law allows for a voluntary contribution to the financing of political campaigns for the offices of the Governor and members of the Cabinet. If you wish to contribute, check the appropriate box. The corporation's revenue Service Code, please check the box. The corporation's non-profit corporations must pay the supplemental fee.
- Block 7. If this corporation is a non-profit corporation not subject to the \$68.75 supplemental corporation fee, please direct all questions to the Department of State.
- Block 8. Check the appropriate box. Please direct all questions to the Department of State.
- Block 9. The law requires that each corporation in Block 10. There is no additional fee.
- Block 10. Enter name of new Registered Agent: THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.
- Block 11. The new registered agent must indicate familiarity with section 607.0505, Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.
- Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.
- Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" OR "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".
- Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.