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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33584-4711

3. Date Incorporated or Qualified: 02/16/1982
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2076962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	BENNETT, RONALD		1.2 NAME	D	
STREET ADDRESS	1229 OAK VALLEY DR		1.3 STREET ADDRESS	Brooks, Arthur	
CITY-ST-ZIP	SEFFNER FL		1.4 CITY-ST-ZIP	2014 Darlington Oak Dr. Seffner, FL 33584	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, HARVEY		2.2 NAME		
STREET ADDRESS	1605 LONG POND DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, TERRY L.		3.2 NAME		
STREET ADDRESS	531 SPORTSMAN PARK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, RON		4.2 NAME		
STREET ADDRESS	412 MORGAN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PACINELLO, CARL		5.2 NAME		
STREET ADDRESS	1114 TIBURON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ADKINSON, ALVIE D SR		6.2 NAME		
STREET ADDRESS	3532 LINDSEY ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Terry L. Wallace 4/16/97 813 684 3560