

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90009 041 ****61.25

DOCUMENT # 761987

1. Corporation Name-

THE KING'S WAY WORSHIP CENTER, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/16/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2076962

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 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

Terry L. Wallace, Pastor

5/19/1999

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 ☐ DELETE
NAME **DST**
STREET ADDRESS **BENNETT, RONALD**
CITY-ST-ZIP **1229 OAK VALLEY DR**
SEFFNER FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Jim Rook**
1.4 CITY-ST-ZIP **706 Granite Rd**
Brandon, FL 33510

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ARTHUR BROOKS**
CITY-ST-ZIP **2014 DARLINGTON OAK DR**
VALRICO FL 33584

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **WALLACE, TERRY L.**
CITY-ST-ZIP **531 SPORTSMAN PARK DRIVE**
SEFFNER FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PACINELLO, CARL**
CITY-ST-ZIP **1114 TIBURON DRIVE**
SEFFNER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ADKINSON, ALVIE D SR**
CITY-ST-ZIP **3532 LINDSEY ST**
DOVER FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Terry L. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/19/99

Date

813-685-2452

Daytime Phone #

CR2E037 (1/98)

0049068