2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# 761987

Entity Name: THE KING'S WAY WORSHIP CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

501 S. KINGSWAY RD.
P.O. BOX 515
SEFFNER, FL 33583

FEI Number: 59-2076962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WALLACE, TERRY L PASTOR
531 SPORTSMAN PARK DRIVE
SEFFNER, FL 33584 US

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.

SIGNATURE: TERRY L. WALLACE 04/05/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: BENNETT, RONALD,
Address: 1229 OAK VALLEY DR
City-St-Zip: SEFFNER, FL

Title: PD ( ) Delete
Name: WALLACE, TERRY L.,
Address: 531 SPORTSMAN PARK DRIVE
City-St-Zip: SEFFNER, FL

Title: D ( ) Delete
Name: ADKINSON, ALVIE D SR
Address: 3532 LINDSEY ST
City-St-Zip: DOVER, FL

Title: D ( ) Delete
Name: NUHFER, CHRIS
Address: 2022 LORI ANN
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete
Name: MCRAE, HERB
Address: 1424 LAKE SHORE RANCH DR.
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY L. WALLACE PD 04/05/2004
Electronic Signature of Signing Officer or Director Date