

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90066 045 ****61.25

DOCUMENT # 761987

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2076962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BENNETT, RONALD 1229 OAK VALLEY DR SEFFNER FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, TERRY L. 531 SPORTSMAN PARK DRIVE SEFFNER FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINSON, ALVIE D SR 3532 LINDSEY ST DOVER FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUHFER, CHRIS 2022 LORI ANN BRANDON FL 33510 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCRAE, HERB 1424 LAKE SHORE RANCH DR. SEFFNER FL 33584 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TERRY L. WALLACE*

3/12/03 813-685-2452

CR2E037 (10/02)