

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000675

FILED
Mar 21, 2005
Secretary of State

Entity Name: KINGS ROAD FELLOWSHIP, INCORPORATED

Current Principal Place of Business:

545866 US HWY 1
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 523
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 59-1809619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCK, MICHAEL D
36156 CHARIS WAY
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: WESTMORELAND, R. DAVID
Address: 36150 CHARIS WAY
City-St-Zip: CALLAHAN, FL 32011 US

Title: DS () Delete
Name: BROCK, MICHAEL D
Address: 36156 CHARIS WAY
City-St-Zip: CALLAHAN, FL 32011 US

Title: DT () Delete
Name: BROCK, KATHY D
Address: 36156 CHARIS WAY
City-St-Zip: CALLAHAN, FL 32011 US

Title: D () Delete
Name: WESTMORELAND, ROBIN B
Address: 36150 CHARIS WAY
City-St-Zip: CALLAHAN, FL 32011 US

Title: D () Delete
Name: NICHOLAS, DAVID L
Address: 36149 CHARIS WAY
City-St-Zip: CALLAHAN, FL 32011 US

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: MICHAEL D. BROCK

DS

03/21/2005

Electronic Signature of Signing Officer or Director

Date