2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000675

FILED Mar 25, 2008 Secretary of State

Entity Name: KINGS ROAD FELLOWSHIP, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
545866 US CALLAHA	S HWY 1 N, FL 32011		545866 US HWY 1 CALLAHAN, FL 3201	1 US	
Current N	lailing Address:		New Mailing Address	s:	
P.O. BOX CALLAHA	523 N, FL 32011		P.O. BOX 523 CALLAHAN, FL 3201	1 US	
FEI Number	: 59-1809619	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cur	ent Registered Agent:	Name and Address of	of New Registered Agent:	
36156 CH CALLAHA The above	,	S mits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
SIGNATO		Signature of Registered Age	ent	 Date	
	Electronic	Signature of Registered Age		Date FS TO OFFICERS AND DIRECTOR	
OFFICER	Electronic S AND DIRECTO	RS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
OFFICER Title: Name: Address:	Electronic	RS: ete R. DAVID Y			
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic S AND DIRECTO CP () De WESTMORELAND 36150 CHARIS WA	RS: ete R. DAVID Y D11 US ete D	ADDITIONS/CHANGI Title: Name: Address:	ES TO OFFICERS AND DIRECTOR	
	Electronic of Electronic of Sand Directo CP () De WESTMORELAND 36150 CHARIS WA CALLAHAN, FL 32 DS () De BROCK, MICHAEL 36156 CHARIS WA	RS: ete R. DAVID Y D11 US ete D Y D11 US	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electronic C S AND DIRECTO CP () De WESTMORELAND 36150 CHARIS WA CALLAHAN, FL 32 DS () DE BROCK, MICHAEL 36156 CHARIS WA CALLAHAN, FL 32 DT () DE BROCK, KATHY D 36156 CHARIS WA 36156 CHARIS WA	ete R. DAVID Y D11 US ete D Y D11 US ete U11 US ete ROBIN B Y	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBIN B. WESTMORELAND D 03/25/2008