

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 00000002621

1. Entity Name

The Kings Way Christian Embassy Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

17540 Long Ridge Dr.

Suite, Apt. #, etc.

Montverde, Florida

City & State

3. Mailing Address

17540 Long Ridge Dr

Suite, Apt. #, etc.

Montverde, Florida

City & State

Zip

34756

Country

USA

Zip

34756

Country

USA

4. FEI Number

59-3643989

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

Name

Dan M. Fleming

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

17540 Long Ridge Drive

City

Montverde

FL

Zip Code

34756

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.

SIGNATURE

Dan M. Fleming

Dan M. Fleming

9-18-2001

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

(NOTE: Registered Agent signature required when reappointing)

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☒ Change ☐ Addition
NAME	<u>Dan M. Fleming</u>
STREET ADDRESS	<u>17540 Long Ridge Drive</u>
CITY-ST-ZIP	<u>MONTVERDE, Florida 34756</u>
TITLE	☒ Change ☐ Addition
NAME	<u>T5 Kathryn Fleming</u>
STREET ADDRESS	<u>17540 Long Ridge Drive</u>
CITY-ST-ZIP	<u>MONTVERDE, Florida 34756</u>
TITLE	☒ Change ☐ Addition
NAME	<u>D Keith E. Johnson</u>
STREET ADDRESS	<u>PO Box 48335</u>
CITY-ST-ZIP	<u>TAMPA, Florida 33647</u>
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Dan M. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/2001

DATE

407-469-2583

DAYTIME PHONE #

CR2E037 (1/00)

Kings Way Christian Embassy

Dan Fleming, Pastor

Post Office Box 120922 Clermont, Florida 34712 USA

Phone 407-469-2583

Fax 407-469-4383

Email

KingsWayChurch@Hotmail.com

Dear Sir,

I did not receive the forms because of an address change and change in Directors. I have downloaded forms from www.sunbiz.org and filled out to the best of my ability. If this is not correct please inform me and I will correct as needed.

I am enclosing a check for \$70 for the fee and Certificate of Status.

Pastor Dan Fleming