


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90036 036 ****61.25

DOCUMENT # N00000005930	
1. Entity Name SOUTHEAST ENTREPRENEURS ENTERPRISE KINGDOM COMMUNITY CENTER, INCORPORATED	

Principal Place of Business C/O SHOWERS OF BLESSINGS HARVEST CENTER 2615 SE 15 STREET GAINESVILLE, FL 32641	Mailing Address C/O SHOWERS OF BLESSINGS HARVEST CENTER 2615 SE 15 STREET GAINESVILLE, FL 32641
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3935275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KING, LINDA A 1702 NE 15 TERRACE GAINESVILLE, FL 32609
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**DO NOT WRITE
IN THIS SPACE**

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 retreating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME KING, LINDA A
STREET ADDRESS 1702 NE 15TH TERRACE	CITY-ST-ZIP GAINESVILLE, FL 32609
TITLE VD	NAME KING, WILLIE L JR
STREET ADDRESS 1702 NE 15TH TERRACE	CITY-ST-ZIP GAINESVILLE, FL 32609
TITLE S	NAME HARRIS, MICHELLE G
STREET ADDRESS 7215 SW 18TH PLACE	CITY-ST-ZIP GAINESVILLE, FL 32607
TITLE D	NAME HARRIS, BRANDON
STREET ADDRESS 7215 SW 18TH PLACE	CITY-ST-ZIP GAINESVILLE, FL 32607
TITLE D	NAME WORD, MAXINE
STREET ADDRESS 2142 NE 13TH ST	CITY-ST-ZIP GAINESVILLE, FL 32646
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Willie L King 3/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #