

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000002940

1. Entity Name  
KING OF KINGS TABERNACLE INC



Principal Place of Business  
4418 TRANSMITTER RD  
PANAMA CITY, FL 32404

Mailing Address  
4418 TRANSMITTER RD  
PANAMA CITY, FL 32404



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3717777

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAWRENCE, CAROLYN C  
4418 TRANSMITTER RD  
PANAMA CITY, FL 32404

**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 reinstating)

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 D  
NAME LAWRENCE, CAROLYN C  
STREET ADDRESS 4418 TRANSMITTER RD  
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE D  
NAME LAWRENCE, KENNETH R  
STREET ADDRESS 4418 TRANSMITTER RD  
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE D  
NAME ANDERSON, EDWARD B  
STREET ADDRESS 4418 TRANSMITTER RD  
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(b), 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:

*Carolyn C Lawrence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JAN 20<sup>TH</sup> 2005 850-985-86*