


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N01000002940</b>		
1. Entity Name <b>KING OF KINGS TABERNACLE INC</b>		
Principal Place of Business <b>4418 TRANSMITTER RD PANAMA CITY, FL 32404</b>	Mailing Address <b>4418 TRANSMITTER RD PANAMA CITY, FL 32404</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LAWRENCE, CAROLYN C 4418 TRANSMITTER RD PANAMA CITY, FL 32404</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, CAROLYN C 4418 TRANSMITTER RD PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, KENNETH R 4418 TRANSMITTER RD PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, EDWARD B 4418 TRANSMITTER RD 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Carolyn C Lawrence</u> <u>CAROLYN C LAWRENCE</u> 1-18-06 850-785-8696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3717777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000395714  
01/27/06-80003-013 70.00

**DO NOT WRITE  
IN THIS SPACE**