2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006177

Entity Name: KINGSFIELD WORSHIP CENTER, INC.

Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

807 W. KINGSFIELD WORSHIP CENTER CANTONMENT, FL 32533

Current Mailing Address: New Mailing Address:

807 W. KINGSFIELD WORSHIP CENTER CANTONMENT, FL 32533

FEI Number: 04-3689247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHELL, STEVEN B. SEVILLE TOWER PENSACOLA PENSACOLA, FL 32501

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete NOWAK, JAMES Name: NOWAK, JAMES E Name: 2664 SHERRILANE DR Address: 2664 SHERRILANE DR Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533

Title: DS Title: DS (X) Change () Addition () Delete CARB, MICHAEL Name: CARO, MICHAEL Name: Address: 1166 HWY 196 Address: 1166 HWY 196 City-St-Zip: MOLINO, FL 32577 City-St-Zip: MOLINO, FL 32577

Title: () Delete Title: (X) Change () Addition ELLIOTT, CHARLES L Name: CARROLL, CLYDE Name:

Address: 1698 N. TATE SCHOOL RD. Address: 135 BALBOA RD. City-St-Zip: GONZALEZ, FL 32560 City-St-Zip: CANTONMENT, FL 32533

Title: () Delete Title: () Change () Addition

COLBERT, OTIS Name: Name: Address: 907 BELAIR RD Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

NOWAK, JAMES MCGHEE, JAMES Name: Name: 18651 THREE RIVERS RD. 2664 SHERRILANE DRIVE Address: Address: CANTONMENT, FL 32533 City-St-Zip: City-St-Zip: SEMINOLE, AL 36574

Title: () Delete Title: (X) Change () Addition

WARD, CHARLES LUKER, ROBERT Name: Name: Address: 600 JACOBI Address: 1017 WOODBURY PL MOLINO, FL 32577 CANTONMENT, FL 32533 City-St-Zip: City-St-Zip:

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: NOWAK, JAMES E. DC 04/26/2007