2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 26, 2007
Secretary of State

DOCUMENT# N02000006177

Entity Name: KINGSFIELD WORSHIP CENTER, INC.

Current Principal Place of Business:

807 W. KINGSFIELD WORSHIP CENTER
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

807 W. KINGSFIELD WORSHIP CENTER
CANTONMENT, FL 32533

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title:	DC	( ) Delete
Name:	NOWAK, JAMES E	
Address:	2664 SHERRILANE DR	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	DS	( ) Delete
Name:	CARO, MICHAEL	
Address:	1166 HWY 196	
City-St-Zip:	MOLINO, FL 32577	
Title:	DT	( ) Delete
Name:	CARROLL, CLYDE	
Address:	135 BALBOA RD.	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	COLBERT, OTIS	
Address:	907 BELAIR RD	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	D	( ) Delete
Name:	MCGHEE, JAMES	
Address:	18651 THREE RIVERS RD.	
City-St-Zip:	SEMINOLE, AL 36574	
Title:	D	(X) Delete
Name:	WARD, CHARLES	
Address:	1017 WOODBURY PL.	
City-St-Zip:	CANTONMENT, FL 32533	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JAMES E NOWAK DC 10/26/2007

Electronic Signature of Signing Officer or Director — Date