2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
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 (X)**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: WORKMAN, BILLY
Address: 2056 WINNER CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: WIGGINS, ANTHONY R
Address: 807 WEST KINGSFIELD ROAD
City-St-Zip: CANTONMENT, FL 32533

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: ANTHONY R. WIGGINS DT 04/28/2008

Electronic Signature of Signing Officer or Director — Date