


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008367	
1. Entity Name THE KING'S FOUNDATION, INC.	

Principal Place of Business 4305 17TH ST E ELLENTON, FL 34222	Mailing Address 4305 17TH ST E ELLENTON, FL 34222
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 71-0909481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, CHARLES N JR 4305 17TH STREET EAST ELLENTON, FL 34222	DO NOT WRITE IN THIS SPACE
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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 <u>Charles N Williams</u>	(NOTE: Registered Agent signature required when reinstating)	DATE <u>4/16/04</u>
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000128042 04/26/04-80021-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, CHARLES N JR 4305 17TH ST E ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DRT WILLIAMS, CHARLES N 4305 17TH STREET EAST ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JACKIE P.O. BOX 295 PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, GERALDINE 11806 COLYER LANE PARRISH, FL 34219
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)(i), 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>Charles N Williams</u>	Date <u>4/16/04</u>	Daytime Phone # <u>(941) 812-7195</u>
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