

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 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



03232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
71-0909481

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WILLIAMS, CHARLES N JR  
STREET ADDRESS 4305 17TH ST E  
CITY-ST-ZIP ELLENTON, FL 34222

TITLE DRT  
NAME WILLIAMS, CHARLES N  
STREET ADDRESS 4305 17TH STREET EAST  
CITY-ST-ZIP ELLENTON, FL 34222

TITLE D  
NAME JONES, JACKIE  
STREET ADDRESS P.O. BOX 295  
CITY-ST-ZIP PARRISH, FL 34219

TITLE D  
NAME WILLIAMS, GERALDINE  
STREET ADDRESS 11806 COLYER LANE  
CITY-ST-ZIP 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)(f), 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 517, 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:

*Charles Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-05 (941) 812-2195

Date

Daytime Phone #