


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 039 *****66.25

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



04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 71-0909481	Applied For <input type="checkbox"/> 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

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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 _____ <small>Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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 exemptions contained 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 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-27-06</u> <small>Date Daytime Phone #</small>
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