

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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**



04272007 No Chg-NP CR2E037 (4/06)

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**

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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

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, 2007**

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	

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05/17/07-80029-005 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #