

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007771

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** KING'S WORD EMPLOYMENT SERVICES INC.

**Current Principal Place of Business:**

2510 SPRING PARK ROAD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

2510 SPRING PARK ROAD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 65-1203055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, ROWLAND V  
1125-1 CESERY BLVD.  
JACKSONVILLE, FL 32211 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: CEOP  
Name: HUGHES, CAROLYN W  
Address: 2510 SPRING PARK ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: HUGHES, CAROLYN W  
Address: 2510 SPRING PARK ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CVTD  
Name: HUGHES, KING D  
Address: 2510 SPRING PARK ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: BAKER, BARBARA D  
Address: 1538 STEELE STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: WILLIAMS, ROWLAND V  
Address: 6411-1 ARLINGTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: KING D. HUGHES

CVTD

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date