

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**  
04-20-2005 90318 044 \*\*\*\*61.25

DOCUMENT # N04000004079

1. Entity Name

KINGS ADVENTIST CHAPEL, INC.



Principal Place of Business

640 NW 73RD TERRACE  
PLANTATION FL 33317

Mailing Address

640 NW 73RD TERRACE  
PLANTATION FL 33317

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

651221303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTON, LYNDEN H DR  
640 NW 73RD TERRACE  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW - FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	EXD	<input type="checkbox"/> Delete
NAME	WALTON, LYNDEN H	
STREET ADDRESS	640 NW 73RD TERRACE	
CITY- ST- ZIP	PLANTATION FL 33317	
TITLE	SDD	<input type="checkbox"/> Delete
NAME	BRACKENRIDGE, MARCIA	
STREET ADDRESS	640 NW 73RD TERRACE	
CITY- ST- ZIP	PLANTATION FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, SUSAN	
STREET ADDRESS	640 NW 73RD TERRACE	
CITY- ST- ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, HERMINE	
STREET ADDRESS	640 NW 73RD TERRACE	
CITY- ST- ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD MCINTYRE	
STREET ADDRESS	640 NW 73RD TERRACE	
CITY- ST- ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Lynden H. Walton EXD.*

4. 15. 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #