

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

** This is my Second
Report. Filed
July 06, 2006 08:00 AM
mailed to Secretary of State
May 2006*

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



07032006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1221303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 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	EXD WALTON, LYNDEN H 640 NW 73RD TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDD BRAKENRIDGE, MARCIA 640 NW 73RD TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, SUSAN 640 NW 73RD TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, HERMINE 640 NW 73RD TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCINTYRE, LEONARD 640 NW 73RD TERRACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/06-80005-022161-25

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: Lynden H. Walton 7.1.06 954 321-8143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #