## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002557

City-St-Zip:

CAPE CORAL, FL 33909

FILED Apr 28, 2009 Secretary of State

Entity Name: KING OF KINGS WORSHIP CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 13500 FRESHMAN LANE (CORNER DANIELS PARKWAY) FORT MYERS, FL 33912 **New Mailing Address: Current Mailing Address:** P.O. BOX 60191 FORT MYERS, FL 33906 US FEI Number: 26-2625385 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, OSVALDO R PASTOR 9999 VIA SAN MARCO LOOP FORT MYERS, FL 33905 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RODRIGUEZ, OSVALDO R PASTOR Name: Name: Address: 9999 VIA SAN MARCO LOOP Address: City-St-Zip: FORT MYERS, FL 33904 City-St-Zip: Title: Title: ( ) Delete () Change () Addition RODRIGUEZ, CARINA PASTOR Name: Name: Address: 9999 VIA SAN MARCO LOOP Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SAJQUIN, CARMEN B Name: PUIG, ANA T Name: 4204 LIRON AVE #201 3213 36TH ST. W Address: Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: LEHIGH ACRES, FL 33971 Title: ( ) Delete Title: () Change () Addition Name: CARROLL, LEO Name: Address: 3377 DANDOLO CIR Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: OSVALDO R RODRIGUEZ PAST 04/28/2009