2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# N05000002962

Entity Name: GOSPEL OF THE KINGDOM WORSHIP CENTER, INC.

Current Principal Place of Business:

1541 EAST U.S. HWY 90
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

1541 EAST U.S. HWY 90
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLACKMON, BRENDA L
1549 E. HWY 90
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

ALLIANCE OF LIBERATED CHURCHES.ORG
1549 E. HWY 90
DEFUNIAK SPRINGS, FL 32433 US

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: DR. WILLIE BLACKMON JR. 04/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLACKMON, BRENDA L
Address: 1549 E HWY 90
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: CEO ( ) Delete
Name: BLACKMON, WILLIE JR
Address: 1549 E HWY 90
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: O ( ) Delete
Name: BRIXEY, NINA
Address: 1549 E HWY 90
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: O ( ) Delete
Name: RANDOLPH, DESIREE
Address: 36 ASPEN LN
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BLACKMON, BRENDA L
Address: 1549 E HWY 90
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: P (X) Change ( ) Addition
Name: BLACKMON, WILLIE
Address: 1541 HWY 90 E
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DR. WILLIE BLACKMON JR, P 04/06/2006
Electronic Signature of Signing Officer or Director — Date