

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002962

FILED  
Apr 06, 2009  
Secretary of State

**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:**

455 WINGARD STREET  
CRESTVIEW, FL 32536

**Current Mailing Address:**

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

**New Mailing Address:**

P. O. BOX 39  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

ALLIANCE OF LIBERATED CHURCHES.ORG  
455 WINGARD STREET  
CRESTVIEW, FL 32536 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: WILLIE BLACKMON JR

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: O ( ) Delete  
Name: BRIKEY, NINA  
Address: 654 E BURDICK AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

Title: T ( ) Delete  
Name: GREEN GRAMHAM, MADALYN  
Address: 180 S NORWOOD RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: BLACKMON, BRENDA L  
Address: 455 WINGARD STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: P (X) Change ( ) Addition  
Name: BLACKMON, WILLIE  
Address: 455 WINGARD STREET  
City-St-Zip: CRESTVIEW, FL 32536

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

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 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: WILLIE BLACKMON JR

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date