

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007066

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** KING OF KINGS CATHOLIC CHURCH, INC.

**Current Principal Place of Business:**

4216 KINGBIRD CT  
ORLANDO, FL 32826 US

**New Principal Place of Business:**

**Current Mailing Address:**

4216 KINGBIRD CT  
ORLANDO, FL 32826 US

**New Mailing Address:**

**FEI Number:** 20-3116847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

COLON, D.MIN.,M.A., STEVEN REV.DR.  
4216 KINGBIRD CT  
ORLANDO, FL 32826 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLON, STEVEN REV,DR,  
Address: 4216 KINGBIRD CT  
City-St-Zip: ORLANDO, FL 32826 US

Title: VSD ( ) Delete  
Name: CHEVERE, LISANDRA C PASTOR  
Address: 4216 KINGBIRD CT  
City-St-Zip: ORLANDO, FL 32826 US

Title: TD ( ) Delete  
Name: COLON, BLAS  
Address: 4216 KINGBIRD CT  
City-St-Zip: ORLANDO, FL 32816 US

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

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: STEVEN COLON

PD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date