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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12745

1. Corporation Name

KING'S KIDS EVANGELICAL MISSION, INC.

Principal Place of Business

C/O MS. ELIZABETH ROGERS  
207 REGENCY CIRCLE  
LINTHICUM MD 21090

Mailing Address

C/O MS. ELIZABETH ROGERS  
207 REGENCY CIRCLE  
LINTHICUM MD 21090



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/03/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
52-1433240

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORSYTHE, PETER  
3210 RIVERVIEW BOULEVARD WEST  
BRADENTON FL 34205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS  
NAME ROGERS, MARY ELIZABETH  
STREET ADDRESS 207 REGENCY CIRCLE  
CITY-ST-ZIP LINTHICUM MD

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME FORSYTHE, PETER  
STREET ADDRESS 3210 RIVERVIEW BLVD.W.  
CITY-ST-ZIP BRADENTON FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME HARE, BERT  
STREET ADDRESS 317 CHALET DR.  
CITY-ST-ZIP MILLERSVILLE MD

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)