

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26063

FILED
Apr 27, 2007
Secretary of State

Entity Name: KING JAMES BIBLE SOCIETY, INC.

Current Principal Place of Business:

C/O DAVID CAGLE
527 BENJULYN ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

C/O DAVID CAGLE
527 BENJULYN ROAD
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-2916522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAGLE, DAVID
527 BENJULYN ROAD
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: CAGLE, DAVID,
Address: 527 BENJULYN ROAD
City-St-Zip: CANTONMENT, FL

Title: DTS () Delete
Name: CAGLE, JUDITH,
Address: 527 BENJULYN ROAD
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: MEENEN, RICHARD,
Address: 4317 W AVENIDA DE GOLF
City-St-Zip: PACE, FL

Title: D () Delete
Name: COCORIS, JOHN,
Address: 810 N. 59TH AVE.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: CEDENO, RALPH M
Address: 10240 BOWMAN AVE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: HEMKEN, DAN M
Address: 3600 FAWN WOOD DRIVE
City-St-Zip: PACE, FL 32571

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:

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

Title: D (X) Change () Addition
Name: CLEVINGER, STAN,
Address: 7917 BEAVER DRIVE
City-St-Zip: PENSACOLA, FL 32534

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: JUDITH CAGLE

DTS

04/27/2007

Electronic Signature of Signing Officer or Director

Date