

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26125

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: KING'S WAY CHRISTIAN CHURCH, INC.

## Current Principal Place of Business:

3945 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

3945 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

## New Mailing Address:

FEI Number: 59-2651749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEASE, BRIAN  
1909 SHADY OAK  
TALLAHASSEE, FL 32303 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: P ( ) Delete  
Name: TEASE, BRIAN  
Address: 1909 SHADY OAK  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: HANEY, DENISE  
Address: 3945 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: HANEY, MIKAL  
Address: 3945 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete  
Name: GRUBBS, SAMUEL J JR  
Address: 3945 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: DECHENE, NADINE  
Address: 3013 OBRIEN DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete  
Name: LATINWO, LEKAN  
Address: 3945 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: HANEY, MIKAL  
Address: 3945 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change ( ) Addition  
Name: POWERS, BARRY  
Address: 3945 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

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: BRIAN TEASE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date