## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44360

FILED Apr 21, 2005 Secretary of State

Entity Na	me: K-VILLE A	SSEMBLY OF GOD, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4155 K-VIL AUBURNE	LE AVE. DALE, FL 3382	3 US				
Current Mailing Address:			New Maili	New Mailing Address:		
	LLE AVENUE DALE, FL 3382:	3 US				
FEI Number: 59-1866307 FEI Number Applied For ( )		FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired			
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Regi	stered Agent:	
4200 CRA	N, JAMES B IG RD. DALE, FL 3382	3 US				
	e named entity s e of Florida.	ubmits this statement for th	e purpose of changing	ts registered office or re	egistered agent, or both,	
SIGNATUI	RE:					
	Electroni	ic Signature of Registered /	Agent	[	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( ) Delete FRANKLIN, JAMES B REV 113 MARJORIE DR. AUBURNDALE, FL 33823		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition FRANKLIN, JAMES B REV 4200 CRAIG ROAD AUBURNDALE, FL 33823		
Title: Name: Address: City-St-Zip:	DVS () Delete YATES, ROYCE 4835 JOHN CARROLL STATE ROND SO LAKELAND, FL 33801		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DT () FRANKLIN, JAM 537 JAMESTOV LAKELAND, FL	VN AVE.	Title: Name: Address: City-St-Zip:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	D () MOORE, BERT 1524 CARDINAL AUBURNDALE,	ST.	Title: Name: Address: City-St-Zip:	()Change(	) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES B. FRANKLIN PD 04/21/2005