

**BE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N51324** (4)

1. Corporation Name  
**KING OF KINGS CHRISTIAN CHURCH, INC.**

Principal Place of Business Mailing Address  
6104 GAZEBO PK. PLACE S. JACKSONVILLE FL 32257 2207 ALICIA LANE ATLANTIC BEACH FL 32233

2. Principal Place of Business 2a. Mailing Address  
21 **JCA** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **8505 San Jose Blvd** 27  
City & State City & State  
23 **Jacksonville FL** 28  
Zip Country Zip Country  
24 **32217** 25 **USA** 29 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **10/16/1992** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-3147093** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JOHNSTON, DAVID**  
**2207 ALICIA LN**  
**ATLANTIC BCH FL 32233**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **David L. Johnston** **David L. Johnston** **May 7/95**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **JOHNSTON, REV. DAVID**  
STREET ADDRESS **2207 ALICIA LN**  
CITY - ST - ZIP **ATLANTIC BCH FL 32233**  
TITLE **D**  
NAME **HOLLOWAY, CHARLES T.**  
STREET ADDRESS **14614 FALLING CREEK DR.**  
CITY - ST - ZIP **HOUSTON TX 77088**  
TITLE **D**  
NAME **SISLER, JUDITH**  
STREET ADDRESS **9143 PHILLIPS HWY #260**  
CITY - ST - ZIP **JACKSONVILLE FL 32256**  
TITLE **Nicholas T Simonie**  
NAME **Nicholas T Simonie**  
STREET ADDRESS **8280 Princeton Sq W. suites**  
CITY - ST - ZIP **Jacksonville FL 32256**  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE **D**  Change  Addition  
42 NAME  
43 STREET ADDRESS **Nicholas T. Simonie**  
44 CITY - ST - ZIP **8280 Princeton Square W. Suite 5 JACKSONVILLE FL 32256**  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(k), 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.

SIGNATURE: **David L. Johnston** **David L. Johnston** **May 7/95** (904) 270-2646  
Signature, typed or printed name of signing officer or director

APPROVED AND FILED  
95 JUL -3 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA