


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51324 (4)**  
 1. Corporation Name  
**KING OF KINGS CHRISTIAN CHURCH, INC.**



Principal Place of Business <b>3949 ATLANTIC BLVD JACKSONVILLE FL 32207 US</b>	Mailing Address <b>2207 ALICIA LANE ATLANTIC BEACH FL 32233</b>
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3. Date Incorporated or Qualified <b>10/16/1992</b>	
4. FEI Number <b>59-3147093</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, REV. DAVID</b>
STREET ADDRESS	<b>2207 ALICIA LN</b>
CITY-ST-ZIP	<b>ATLANTIC BCH FL 32233</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOLLOWAY, CHARLES T.</b>
STREET ADDRESS	<b>14814 FALLING CREEK DR.</b>
CITY-ST-ZIP	<b>HOUSTON TX 77068</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SISLER, JUDITH</b>
STREET ADDRESS	<b>9143 PHILLIPS HWY #260</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIMONIC, NICHOLAS T</b>
STREET ADDRESS	<b>8280 PRINCETON SQUARE W. SUITE 5</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Rev. David Johnston* 6/30/98 (904) 396-3949

CR2E037 (10/97)