

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91189 016 ****61.25

DOCUMENT # N51324

1. Entity Name

KING OF KINGS CHRISTIAN CHURCH, INC.

Principal Place of Business

**3949 ATLANTIC BLVD
 JACKSONVILLE FL 32207
 US**

Mailing Address

**2207 ALICIA LANE
 ATLANTIC BEACH FL 32233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3147093**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, DAVID
 2207 ALICIA LN
 ATLANTIC BCH FL 32233**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSTON, REV. DAVID | |
| STREET ADDRESS | 2207 ALICIA LN | |
| CITY-ST-ZIP | ATLANTIC BCH FL 32233 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOLLOWAY, CHARLES T. | |
| STREET ADDRESS | 14614 FALLING CREEK DR. | |
| CITY-ST-ZIP | HOUSTON TX 77068 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SISLER, JUDITH | |
| STREET ADDRESS | 9143 PHILLIPS HWY #260 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIMONIC, NICHOLAS T | |
| STREET ADDRESS | 8280 PRINCETON SQUARE W. SUITE 5 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally signed by

David Johnston
DAVID JOHNSTON

5/30/02

CR2E037 (9/01)