2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51324

FILED Jul 01, 2005 Secretary of State

Entity Name: KING OF KINGS CHRISTIAN CHURCH, INC.

current F	Principal Place of Business:	New Principal Place of Business:	
	ANTIC BLVD NVILLE, FL 32207 US		
urrent N	Mailing Address:	New Mailing Address:	
	CIA LANE C BEACH, FL 32233		
	r: 59-3147093 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did i	FEI Number Not Applicable () Certificate of Status Desired not receive the prior notice.	d()
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
207 ALIC TLANTIC	C BCH, FL 32233 US		
	e named entity submits this statement for the te of Florida.	purpose of changing its registered office or registered agent, o	or both,
the Stat	te of Florida.	purpose of changing its registered office or registered agent, o	or both,
the Stat	te of Florida.		or both,
n the Stat	te of Florida. Î		
the Stat	te of Florida. RE: Electronic Signature of Registered A	gent Date	
the Stat IGNATU FFICER tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	te of Florida. IRE: Electronic Signature of Registered Ages S AND DIRECTORS: D () Delete JOHNSTON, REV. DAVID, 2207 ALICIA LN	gent Date ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address:	
the Stat IGNATU FFICER tle: ame: ddress:	te of Florida. RE: Electronic Signature of Registered Ages SAND DIRECTORS: D () Delete JOHNSTON, REV. DAVID, 2207 ALICIA LN ATLANTIC BCH, FL 32233 D () Delete SHIRLEY, PAUL D DOCTOR 1887 EPPING FOREST WAY SOUTH	gent Date ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

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: DAVID L. JOHNSTON PRES 07/01/2005