

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51324

FILED
May 13, 2009
Secretary of State

Entity Name: KING OF KINGS CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

3949 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2207 ALICIA LANE
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3147093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSTON, REV. DAVID
Address: 2207 ALICIA LN
City-St-Zip: ATLANTIC BCH, FL 32233

Title: D () Delete
Name: SHIRLEY, PAUL D DOCTOR
Address: 5255 COUNTY ROAD 209 SOUTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: SISLER, JUDITH
Address: 9454 PHILLIPS HWY #8
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: SIMONIC, NICHOLAS T
Address: 8280 PRINCETON SQUARE W. SUITE 5
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

PRES

05/13/2009

_____ Date