2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000204

Entity Name: KING'S WAY CHRISTIAN CENTER, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2016 KISMET PARKWAY E CAPE CORAL, FL 33909 US

Current Mailing Address: New Mailing Address:

2016 KISMET PARKWAY E CAPE CORAL, FL 33909 US

FEI Number: 65-0365081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUMANDUE, DANIEL
2016 KISMET PARKWAY E
CAPE CORAL, FL 33909 US
LUMADUE, DANIEL
2016 KISMET PARKWAY E
CAPE CORAL, FL 33909 US

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: DANIEL LUMADUE 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CAPE CORAL, FL 33909

() Delete (X) Change () Addition JEWETT, PATRICIA CLARK, MARK Name: Name: 3818 SW 5TH PLACE Address: 626 NW DOUGLAS AVE Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33993 Title: () Delete Title: (X) Change () Addition LUCAS, MICHAEL J Name: WATSON, THOMAS Name: Address: 3912 SE 10TH AVENUE Address: 302 SE 22ND STREET City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: () Change (X) Addition Name: DELL, JOYCE Name: 1300 NW 25TH STREET Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33993 Title: () Delete Title: () Change (X) Addition WORLEY, STACIE Name: Name: 1439 NW 1ST TERRACE Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33993 Title: () Delete Title: () Change (X) Addition FRIZZIOLA, ANTHONY Name: Name: 1826 SW 18TH STREET Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33991 Title: () Delete Title: () Change (X) Addition PEREZ. ALEX Name: Name: Address: Address: **621 NE 1ST AVE**

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.

City-St-Zip:

SIGNATURE: DANIEL C. LUMADUE RA 04/22/2009