

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
95 APR 18 PH 10:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000005631 (6)

1. Corporation Name
THE GREATER KING'S WAY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
**6700 SILVER STAR ROAD #105
ORLANDO FL 32808** **6700 SILVER STAR ROAD #105
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/15/1994

4. FEI Number Applied For / Not Applicable
59-3249008

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**WASHINGTON, ESTHER L
6700 SILVER STAR ROAD
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and (to if applicable) (NOTE: Registered Agent signature required when restate) DATE

12. OFFICERS AND DIRECTORS

TITLE D

NAME **GOYNES, FRED**

STREET ADDRESS **25 BELAIR ST.**

CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE D

NAME **CHATMAN, MICHAEL B**

STREET ADDRESS **210 S. SOMERSET CT.**

CITY-ST-ZIP **SANFORD FL 32773**

TITLE D

NAME **WASHINGTON, WILLIE L**

STREET ADDRESS **4842 CENTER LANE**

CITY-ST-ZIP **ORLANDO FL 32808**

TITLE

NAME **RICHARDSON, VINCENT SR.**

STREET ADDRESS **6407 LOST TREE LANE**

CITY-ST-ZIP **ORLANDO FL 32818**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 my address.

SIGNATURE: *Michael B. Chatman* **4/14/95** **(407)-290-5249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day/Mo/Year)