

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005631 (6)**
1. Corporation Name

THE GREATER KING'S WAY BAPTIST CHURCH, INC.



Principal Place of Business	Mailing Address
6700 SILVER STAR ROAD SUITE 105 ORLANDO FL 32808 US	6700 SILVER STAR ROAD SUITE 105 ORLANDO FL 32808 US

3. Date Incorporated or Qualified 11/15/1994	3a. Date of Last Report 04/18/1995
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2. Principal Place of Business	2a. Mailing Address
21 5376 SILVER STAR ROAD	26 5376 SILVER STAR ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Orlando, FL	City & State Orlando, FL
23	28
Zip 32808	Country ORANGE
24	29
Country ORANGE	30

4. FEI Number 59-3249008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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)	4942 Center Lane
83	
84 City	Orlando
85 State	FL
86 Zip Code	32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOYNES, FRED	
STREET ADDRESS	25 BELAIR ST.	
CITY-ST-ZIP	EATONVILLE FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHATMAN, MICHAEL B	
STREET ADDRESS	210 S. SOMERSET CT.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WASHINGTON, WILLIE L	
STREET ADDRESS	4942 CENTER LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, VINCENT SR.	
STREET ADDRESS	6407 LOST TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 an address.

SIGNATURE: Michael B. Chatman **Michael B. Chatman** Date: **3/11/96** Daytime Phone #: **(407)-296-5249**

CR2E037 (12/95)