

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000633 (5)

1. Corporation Name
KINGSWAY CHRISTIAN MINISTRIES, INCORPORATED

Principal Place of Business 3930 NEWPORT ST COCOA FL 32927	Mailing Address 3930 NEWPORT ST COCOA FL 32927-8484
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1996		3a. Date of Last Report	
21		26		4. FEI Number 59-3360379		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRUE, DANIEL M I 3930 NEWPORT ST COCOA FL 32927				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT "T"	<input type="checkbox"/> DELETE		1.1 TITLE	TRUSTEE "T"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DANIEL M. TRUE			1.2 NAME	PEGGY A. HUMPHREYS		
STREET ADDRESS	3930 NEWPORT STREET			1.3 STREET ADDRESS	508 LANDIS DRIVE		
CITY-ST-ZIP	COCOA, FL 32927			1.4 CITY-ST-ZIP	JOHNSON CITY, TN 37601		
TITLE	VICE-PRESIDENT "T"	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN L. HUMPHREYS			2.2 NAME			
STREET ADDRESS	508 LANDIS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JOHNSON CITY, TN 37601			2.4 CITY-ST-ZIP			
TITLE	SECRETARY/TREASURER "T"	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERESA B. TRUE			3.2 NAME			
STREET ADDRESS	3930 NEWPORT ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA, FL 32927			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daniel M. True **DANIEL M. TRUE, I** 1-7-97 (407) 867-3234

CR2E037 (9/96)