

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000633

FILED
Feb 14, 2005
Secretary of State

Entity Name: KINGSWAY CHRISTIAN MINISTRIES, INCORPORATED

Current Principal Place of Business:

3930 NEWPORT ST
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

3930 NEWPORT ST
COCOA, FL 32927

New Mailing Address:

FEI Number: 59-3360379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUE, DANIEL M I
3930 NEWPORT ST
COCOA, FL 32927 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: PT () Delete
Name: TRUE, DANIEL M.
Address: 3930 NEWPORT STREET
City-St-Zip: COCOA, FL 32927

Title: S/T () Delete
Name: HODKINSON, SUE L.
Address: 2235 SEDGWICK AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: VPT () Delete
Name: TRUE, TERESA B.
Address: 3930 NEWPORT ST
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: CANNON, FRANCIE T.
Address: 106 OLIVER EDWARDS ROAD
City-St-Zip: JONESBOROUGH, TN 37659

Title: T () Delete
Name: CANNON, LESTER W.
Address: 106 OLIVER EDWARDS ROAD
City-St-Zip: JONESBOROUGH, TN 37659

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL M. TRUE

PT

02/14/2005

Electronic Signature of Signing Officer or Director

Date