

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000633

FILED  
Jan 31, 2006  
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: S/T (X) Change ( ) Addition  
Name: HODKINSON, SUE L.  
Address: 501 APPLE TREE COURT  
City-St-Zip: WAYNESVILLE, NC 28786

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 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.

SIGNATURE: DANIEL M. TRUE

PT

01/31/2006

Electronic Signature of Signing Officer or Director

Date