

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90036 034 ****61.25
03-14-2005 90081 035 ****61.25

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1. Entity Name
WILLIE L. KING, JR. MINISTRIES, INC.



Principal Place of Business
**1702 N.E. 15TH TERRACE
GAINESVILLE, FL 32609**

Mailing Address
**1702 N.E. 15TH TERRACE
GAINESVILLE, FL 32609**

66006270



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3435783

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KING, WILLIE L JR
1702 N.E. 15TH TERRACE
GAINESVILLE, FL 32609**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KING, WILLIE L JR
1702 N.E. 15TH TERRACE
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
KING, LINDA A
1702 N.E. 15TH TERRACE
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WORD, BRIAN L
2142 NE 13TH ST
GAINESVILLE, FL 32648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILLEY, MILDRED
PO BOX 2033
GAINESVILLE, FL 32602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, BETTY L
1325 S.E. 2ND AVE.
ARCHER, FL 32618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WORD, MAXINE V
2142 NE 13TH ST
GAINESVILLE, FL 32648**

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie L King **3/15/05**

Daytime Phone #