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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001744 (8)**

1. Corporation Name

KING'S CHAMBERLIN MINISTRIES, INC.

Principal Place of Business

Mailing Address

**5507 SE 111TH ST
BELLEVUE FL 34420**

**5507 SE 111TH ST
BELLEVUE FL 34420**



3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3441419

Applied For

Not Applicable

2. Principal Place of Business

21 14950 S. Hwy 441

Suite, Apt. #, etc.

2a. Mailing Address

26 14950 S. Hwy 441

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 Summerfield, FL

Zip

24 34491

Country

25 Marion

City & State

28 Summerfield, FL

Zip

29 34491

Country

30 Marion

9. Name and Address of Current Registered Agent

**CHAMBERLIN, G. RICHARD
5507 SE 111TH ST
BELLEVUE FL 34420**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14950 S. Hwy 441

83

84 City

Summerfield

FL

85 Zip Code

34491

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 **G. Richard Chamberlin**

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

(NOTE: Registered Agent Signature required when reinstalling)

DATE

4/23/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CHAMBERLIN, PAUL R**
STREET ADDRESS **5507 SE 111TH ST**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **D** ☐ DELETE

NAME **CHAMBERLIN, ROXENE A**
STREET ADDRESS **5507 SE 111TH ST**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **D** ☐ DELETE

NAME **CHAMBERLIN, RICHARD**
STREET ADDRESS **5507 SE 111TH ST**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **D** ☐ DELETE

NAME **CHAMBERLIN, RYAN D**
STREET ADDRESS **5410 SE 110TH ST**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **SHIE** ☐ DELETE

NAME **S. MARVIN M**
STREET ADDRESS **3500 SE 110TH ST**
CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D and President.** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

G. Richard Chamberlin

4/23/98 34491-6000

CR2E037 (10/97)