


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000772 1. Entity Name KING'S WAY BAPTIST CHURCH OF DESOTO COUNTY, INC.	
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Principal Place of Business 6200 NE HWY 17 ARCADIA, FL 34266	Mailing Address P.O. BOX 1799 ARCADIA, FL 34265
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0394608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HENSEL, GEORGE E
2673 S.E. LENA TERR.
ARCADIA, FL 34266**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENNINGTON, DAN 4230 SW KINGS HWY NOCATEE, FL 34268
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENSEL, GEORGE 2673 SE LENA TERRACE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PREVATT, TRAVIS 1566 SE WEST FARMS RD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HATCHER, RICHARD P.O. BOX 163 ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000169501
08/06/04-80003-020 61.25

**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: Travis Prevatt Travis Prevatt 731-04 813-494-4630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #