

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 21 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P36605**

**(4)**

1. Corporation Name

**KING JAMES BIBLE CHURCH, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1713  
YULEE FL 32097

P.O. BOX 1713  
YULEE FL 32097

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1991

3a. Date of Last Report

02/21/1994

4. FEI Number

58-2842229

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 ROUTE 7, BOX 82

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 YULEE, FL

28

Zip

Country

Zip

Country

24 32097-9827 25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDIE, TERRY L.  
ROUTE 7, BOX 80  
YULEE FL 32097

81 Name

GORDIE, TERRY L.

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

ROUTE 7, BOX 82

83

84

City

YULEE

FL

85

Zip Code

32097-9827

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

/TERRY L. GORDIE

4-15-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP  
NAME GORDIE, TERRY L.  
STREET ADDRESS ROUTE 7, BOX 80  
CITY-ST-ZIP YULEE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DCP  
GORDIE, TERRY L.  
ROUTE 7, BOX 82  
YULEE, FL 32097-9827

☒ Change ☐ Addition

TITLE DVC  
NAME GORDIE, SHERRY A.  
STREET ADDRESS ROUTE 7, BOX 80  
CITY-ST-ZIP YULEE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DS  
GORDIE, SHERRY A.  
ROUTE 7, BOX 82  
YULEE, FL 32097-9827

☒ Change ☐ Addition

TITLE DS  
NAME GORDIE, MARIAN B.  
STREET ADDRESS ROUTE 7, BOX 80  
CITY-ST-ZIP YULEE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D  
GORDIE, MARIAN B.  
ROUTE 7, BOX 80  
YULEE, FL 32097-9807

☒ Change ☐ Addition

TITLE T  
NAME GORDIE, SHERRY A.  
STREET ADDRESS ROUTE 7, BOX 80  
CITY-ST-ZIP YULEE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

T  
GORDIE, SHERRY A.  
ROUTE 7, BOX 82  
YULEE, FL 32097-9827

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 my address.

SIGNATURE:

*Terry L. Gordie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/TERRY L. GORDIE

(4-15-95)

(904)225-9419

Date

Daytime Phone #