

<b>DOCUMENT # P36605</b>	
1. Entity Name	
<b>KING JAMES BIBLE CHURCH, INC.</b>	

Principal Place of Business	Mailing Address
<b>1003 WEST CR-108 YULEE FL 32097-1713 US</b>	<b>P.O. BOX 1713 YULEE FL 32097</b>

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<b>32041</b>	

6. Name and Address of Current Registered Agent	
<b>GORDIE, TERRY L. 1003 WEST CR-108 YULEE FL 32097</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	DCP <input type="checkbox"/> Delete
NAME	<b>GORDIE, TERRY L.</b>
STREET ADDRESS	<b>1003 WEST CR-108</b>
CITY-ST-ZIP	<b>YULEE FL</b>
TITLE	DT <input type="checkbox"/> Delete
NAME	<b>GORDIE, SHERRY A.</b>
STREET ADDRESS	<b>1003 WEST CR-108</b>
CITY-ST-ZIP	<b>YULEE FL</b>
TITLE	DS <input type="checkbox"/> Delete
NAME	<b>GORDIE, MARIAN B.</b>
STREET ADDRESS	<b>1003 WEST CR-108</b>
CITY-ST-ZIP	<b>YULEE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Terry L. Gordie* *1-8-01* *(904) 225-9419*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90042 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)