FILE NOW: FILING FEE IS \$61.25

Mailing Address

TAMPA FL 33610-7519

1914 E. MARTIN LUTHER KING BLVD.

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TAMPA FL 33610

1914 E. MARTIN LUTHER KING BLVD.



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003198 (8)

KING BOULEVARD BAPTIST CHURCH, INC.

4. FEI Number NOT APPLICABLE 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARLEY, WILSON SR. Street Address (P.O. Box Number is Not Acceptable) 82 2410 E. EMMA STREET 83 **TAMPA FL 33610** Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 Fiorida. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE CARLEY, WILSON SR. 1.2 NAME NAME 2410 E. EMMA STREET 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** CITY - ST - ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE CARLEY, LYDIA 2.2 NAME NAME 2410 E. EMMA STREET 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** 2. 4 CITY-ST-ZIP City-St-ZIP Change Addition DELETE 3.1 THILE NAME MASON, VERNA 3.2 NAME 3610 N. PHILLIPS ST., APT. B 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE STEWART, JOSEPH 4. 2 NAME NAME 1315 E. 33RD AVENUE 4.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** 4.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADORESS STREET ADDRESS

CITY-ST-ZIP

14. I do 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

WILSON Z. CARLEY

1/19/97

Daytime Phone # 0047752

FILED
Feb 03 1997 8:00am
Secretary of State



05/01/1996

(96/6)

 Date Incorporated or Qualified 06/28/1994