

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003198

1. Entity Name

KING BOULEVARD BAPTIST CHURCH, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90125 047 ****70.00

Principal Place of Business	Mailing Address
1914 E. MARTIN LUTHER KING BLVD. TAMPA FL 33610 US	1914 E. MARTIN LUTHER KING BLVD. TAMPA FL 33610 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARLEY, WILSON SR.
2410 E. EMMA STREET
TAMPA FL 33610

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete
NAME	CARLEY, WILSON SR.
STREET ADDRESS	2410 E. EMMA STREET
CITY-ST-ZIP	TAMPA FL 33610
TITLE	D ☐ Delete
NAME	CARLEY, LYDIA
STREET ADDRESS	2410 E. EMMA STREET
CITY-ST-ZIP	TAMPA FL 33610
TITLE	S ☐ Delete
NAME	WILSON, MARGARETTE
STREET ADDRESS	505 E. CLUTER AVE.
CITY-ST-ZIP	TAMPA FL 33604
TITLE	D ☒ Delete
NAME	STEWART, JOSEPH
STREET ADDRESS	1315 E. 33RD AVENUE
CITY-ST-ZIP	TAMPA FL 33610
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S ☒ Change ☐ Addition
NAME	Margarette Wilson
STREET ADDRESS	6303 N. 15th St
CITY-ST-ZIP	Tampa, FL 33610
TITLE	D ☐ Change ☒ Addition
NAME	Betty Joe Whack
STREET ADDRESS	3614 E. Giddens
CITY-ST-ZIP	Tampa, FL 33610
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/2/2000 (813)238-1757

CR2E037 (9/99)