# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 25, 2002 8:00 am**
**Secretary of State**
02-25-2002 90002 028 ****70.00

DOCUMENT # N94000003198

1. Entity Name

KING BOULEVARD BAPTIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1914 E. MARTIN LUTHER KING BLVD.<br>TAMPA FL 33610<br>US | 1914 E. MARTIN LUTHER KING BLVD.<br>TAMPA FL 33610<br>US |

DO NOT WRITE IN THIS SPACE

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

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CARLEY, WILSON SR.<br>2410 E. EMMA STREET<br>TAMPA FL 33610 | Name: JOSEPH REED, JR.<br>Street Address (P.O. Box Number is Not Acceptable): 1908 WALNUT ST.<br>City: TAMPA FL Zip Code: 33607 |

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: Joseph Reed Jr. Joseph Reed, Jr. 2-1-2002
(Signature, typed or printed name of registered agent and title if applicable. (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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARLEY, WILSON SR.<br>2410 E. EMMA STREET<br>TAMPA FL 33610 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Joseph Reed, Jr.<br>1908 Walnut St.<br>Tampa, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARLEY, LYDIA<br>2410 E. EMMA STREET<br>TAMPA FL 33610 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Nancy Gilbert<br>3017 E. Deleuil Ave.<br>Tampa, FL 33610 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WILSON, MARGARETTE<br>6303 N. 15TH ST<br>TAMPA FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHACK, BETTY JOE<br>3614 E. GIDDENS<br>TAMPA FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Joseph Reed Jr. SIGNATURE REQUIRED Joseph Reed, Jr. 2-1-2002 (813) 254-7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #