

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90040 043 ***61.25

DOCUMENT # N97000004214

1. Entity Name

KINGS ROAD BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

6510 BARTH RD.
JACKSONVILLE FL 32219

6510 BARTH RD.
JACKSONVILLE FL 32219-2402

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

59-3104093

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

WHITAKER, LEE
6510 BARTH RD.
JACKSONVILLE FL 32219

Name

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

6671 Barth Road

City

Jacksonville

FL

Zip Code

32219

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

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 P
NAME WHITAKER, LEE
STREET ADDRESS 6510 BARTH RD.
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

TITLE T
NAME HYGEMA, PAUL
STREET ADDRESS 6510 BARTH RD.
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

TITLE S
NAME BISHOP, TINA
STREET ADDRESS 6510 BARTH RD.
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

TITLE T
NAME GRAGG, HAROLD
STREET ADDRESS 4312 LEXINGTON AVE
CITY-ST-ZIP JAX FL 32210 ☐ Delete

TITLE T
NAME CARTER, MITCH
STREET ADDRESS 6706 BOWIE RD
CITY-ST-ZIP JAX FL 32219 ☐ Delete

TITLE T
NAME SWAFFORD, TONY
STREET ADDRESS 6730 BOWIE RD
CITY-ST-ZIP JAX FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tina M. Bishop 2-1-00 904-7641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #