## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004214

6730 BOWIE RD

JAX, FL 32219

Address:

City-St-Zip:

Entity Name: KINGS ROAD BAPTIST CHURCH, INC.

FILED Jul 10, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6510 BARTH RD JACKSONVILLE, FL 32219 **Current Mailing Address: New Mailing Address:** 6510 BARTH RD JACKSONVILLE, FL 32219 FEI Number: 59-3104093 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITAKER, LEE 6671 BARTH RD JACKSONVILLE, FL 32219 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition WHITAKER, LEE Name: Name: Address: 6510 BARTH RD. Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: Title: () Delete () Change () Addition BISHOP, TINA Name: Name: Address: 6510 BARTH RD. Address: JACKSONVILLE, FL 32219 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition GRAGG, HAROLD Name: Name: 4312 LEXINGTON AVE Address: Address: City-St-Zip: JAX. FL 32210 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: CARTER, MITCH Name: 6706 BOWIE RD Address: Address: City-St-Zip: JAX, FL 32219 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SWAFFORD, TONY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TINA M. BISHOP SECR 07/10/2007