

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004214

FILED
May 07, 2009
Secretary of State

Entity Name: KINGS ROAD BAPTIST CHURCH, INC.

Current Principal Place of Business:

6510 BARTH RD.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

6510 BARTH RD.
JACKSONVILLE, FL 32219

New Mailing Address:

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:

Title: P () Delete
Name: WHITAKER, LEE
Address: 6510 BARTH RD.
City-St-Zip: JACKSONVILLE, FL 32219

Title: S () Delete
Name: BISHOP, TINA
Address: 6510 BARTH RD.
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: CARTER, MITCH
Address: 6706 BOWIE RD
City-St-Zip: JAX, FL 32219

Title: T () Delete
Name: SWAFFORD, TONY
Address: 6730 BOWIE RD
City-St-Zip: JAX, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TINA BISHOP

S

05/07/2009

Electronic Signature of Signing Officer or Director

Date