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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700187 (8)

1. Corporation Name

KENSINGTON PARK BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

3308 17TH STREET
SARASOTA FL 34235

3308 17TH STREET
SARASOTA FL 34235-8904

3. Date Incorporated or Qualified
11/23/1959

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
59-1412656

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACOSTA, SANTIAGO
7873 SADDLE CREEK TR.
SARASOTA FL 34241

81 Name James Wilson
82 Street Address (P.O. Box Number is Not Acceptable)
2235 Silver Maple Ct.
83
84 City Sarasota FL 85 Zip Code 34234

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James Wilson James Wilson, President 1-19-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ACOSTA, SANTIAGO	
STREET ADDRESS	7873 SADDLE CREEK TR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIEGMAN, CLARENCE	
STREET ADDRESS	4016 TAMPICO DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOSEE, THOMAS J	
STREET ADDRESS	4810 SUNDAY COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BILLINGTON, ART	
STREET ADDRESS	3400 BARSTOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BABCOCK, DONALD	
STREET ADDRESS	913 SARABAY RD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilson, James	
1.3 STREET ADDRESS	2235 Silver Maple Ct.	
1.4 CITY-ST-ZIP	Sarasota, FL 34234	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Billington, Art	
2.3 STREET ADDRESS	3400 Barstow	
2.4 CITY-ST-ZIP	Sarasota, FL 34235	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Losee, Thomas J.	
3.3 STREET ADDRESS	5805 Helen Way	
3.4 CITY-ST-ZIP	Sarasota, FL 34243	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carson, Paul T. Jr.	
4.3 STREET ADDRESS	5800 N. Lockwood Ridge Rd.	
4.4 CITY-ST-ZIP	Sarasota, FL 34243	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fideli, Phyllis	
5.3 STREET ADDRESS	1552 N. Conrad Ave.	
5.4 CITY-ST-ZIP	Sarasota, FL 34237	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Wilson REQUIRED James Wilson 1-19-97 941 955 5531
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063241

CF2E037 (9/96)