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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700187

1. Corporation Name

KENSINGTON PARK BAPTIST CHURCH, INC.

Principal Place of Business

3308 17TH STREET
SARASOTA FL 34235

Mailing Address

3308 17TH STREET
SARASOTA FL 34235

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/23/1959	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1412656	
24 Country		29 Country		5. Certificate of Status - Dissolved ☐	
25		30		8. Election Campaign Financing ☐	
				Trust Fund Contribution ☐	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILSON, JAMES 2235 SILVER MAPLE CT SARASOTA FL 34234				81 Name Paul Carson, Jr.	
				82 Street Address (P.O. Box Number is Not Acceptable) 5800 N Lockwood Ridge Rd.	
				83	
				84 City Sarasota, FL	
				85 Zip Code 34233	

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

Paul Carson, Jr.

(NOTE: Registered Agent signature required when submitting)

18 May 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WILSON, JAMES	1.2 NAME	Paul Carson, Jr.
STREET ADDRESS	2235 SILVER MAPLE COURT	1.3 STREET ADDRESS	5800 N. Lockwood Ridge Rd
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	D	2.1 TITLE	VP
NAME	CROOK, CHARLES	2.2 NAME	Charles Crook
STREET ADDRESS	3910 GLEN OAKS MANOR DRIVE	2.3 STREET ADDRESS	3910 Glen Oaks Manor Dr. Sarasota,
CITY-ST-ZIP	SARASOTA FL 34235	2.4 CITY-ST-ZIP	34235
TITLE	TD	3.1 TITLE	S
NAME	BILLINGTON, ART	3.2 NAME	Larry Jones
STREET ADDRESS	3400 BARSTOW	3.3 STREET ADDRESS	2853 N Lockwood Meadows Ct.
CITY-ST-ZIP	SARASOTA FL 34235	3.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	VP	4.1 TITLE	Retiree
NAME	CARSON, PAUL T. JR.	4.2 NAME	Beck
STREET ADDRESS	5800 NORTH LOCKWOOD RIDGE ROAD	4.3 STREET ADDRESS	6009 Bonaventure Pl
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	S	5.1 TITLE	
NAME	HALL, BARBARA	5.2 NAME	
STREET ADDRESS	1755 CHESTER AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

Paul Carson

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #