

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700187

1. Entity Name

KENSINGTON PARK BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3308 17TH STREET
SARASOTA FL 34235

3308 17TH STREET
SARASOTA FLA 34235-8904

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

59-1412656

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

CARSON, PAUL JR
5800 N LOCKWOOD RIDGE RD
SARASOTA FL 34233

Name
Larry Jones

Street Address (P.O. Box Number is Not Acceptable)
2853 N. Lockwood Meadows Ct.

Sarasota, FL 34234

City

FL

Zip Code

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 PD ☐ Delete
NAME CARSON, PAUL JR.
STREET ADDRESS 5800 N LOCKWOOD RIDGE RD
CITY-ST-ZIP SARASOTA FL 34243

TITLE PD ☒ Change ☐ Addition
NAME Larry Jones
STREET ADDRESS 2853 N. Lockwood Meadows Ct.
CITY-ST-ZIP Sarasota, FL 34234

TITLE VPD ☐ Delete
NAME CROOK, CHARLES
STREET ADDRESS 3910 GLEN OAKS MANOR DRIVE
CITY-ST-ZIP SARASOTA FL 34235

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

TITLE TD ☐ Delete
NAME BILLINGTON, ART
STREET ADDRESS 3400 BARSTOW
CITY-ST-ZIP SARASOTA FL 34235

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

TITLE VP ☐ Delete
NAME CARSON, PAUL T. JR.
STREET ADDRESS 5800 NORTH LOCKWOOD RIDGE ROAD
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME Carson, Paul T. JR.
STREET ADDRESS 5800 N. Lockwood Ridge Rd.
CITY-ST-ZIP Sarasota, FL 34243

TITLE S ☐ Delete
NAME JONES, LARRY
STREET ADDRESS 2853 N LOCKWOOD MEADOWS CT
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE T ☐ Delete
NAME PEEK, BETTY
STREET ADDRESS 6009 BONAVENTURE PL
CITY-ST-ZIP SARASOTA FL 34243

TITLE S ☒ Change ☐ Addition
NAME Betty Peek
STREET ADDRESS 6009 Bonaventure Pl
CITY-ST-ZIP Sarasota, FL 34243

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

SIGNATURE: *Charles Crook* Charles Crook, Vice President 1-941-955-5537
1/19/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)