

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90062 049 ****61.25

0052391

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 FL 34235**

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

**CROOK, CHARLES
 3910 FLEN OAKS MANOR DRIVE
 SARASOTA FL 34237**

Name **DENT, JOHN**

Street Address (P.O. Box Number is Not Acceptable)
330 S. Orange Avenue

SARASOTA

City

FL

Zip Code

34236

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

TITLE ☒ Change ☐ Addition
 NAME **PD DENT, KATHY J.**
 STREET ADDRESS **660 Golden Gate Pl. #62**
 CITY-ST-ZIP **SARASOTA, FL 34236**

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

TITLE ☒ Change ☐ Addition
 NAME **VPD CRUSE, DAVID**
 STREET ADDRESS **23707 53rd AVE**
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

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

TITLE ☒ Change ☐ Addition
 NAME **TR BILLINGTON, ARTHUR L.**
 STREET ADDRESS **3400 BARSTOW ST**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Delete
 NAME **T CARSON, PAUL T JR**
 STREET ADDRESS **5800 NORTH LOCKWOOD RIDGE ROAD**
 CITY-ST-ZIP **SARASOTA FL 34243**

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

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

TITLE ☒ Change ☐ Addition
 NAME **D KAREN S BABCOCK**
 STREET ADDRESS **913 SARABAY RD**
 CITY-ST-ZIP **OSPREY, FL 34229**

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

TITLE ☒ Change ☐ Addition
 NAME **S BARBARA A. HALL**
 STREET ADDRESS **1755 Chester Ave**
 CITY-ST-ZIP **SARASOTA, FL 34234**

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:

KATHY J. DENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

(941) 330-9644

Date

Daytime Phone #

CR2E037 (9/01)