

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90078 044 \*\*\*\*61.25

LUU44007



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 711287**

1. Entity Name

**FORT KING BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**911 N.E. 8TH AVENUE  
OCALA FL 32670****911 N.E. 8TH AVENUE  
OCALA FLA 34470-5336**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3155020**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NELREA  
1950 SW 4TH AVE  
OCALA FL 32674**

Name

Street Address (P.O. Box Number is Not Acceptable)

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	P	<input type="checkbox"/> Delete
NAME	MARKHAM, HENRY W.	
STREET ADDRESS	2101 N.E. 49TH ST.	
CITY-ST-ZIP	OCALA FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C	<input type="checkbox"/> Delete
NAME	WESSNER, ROSETTA	
STREET ADDRESS	4260 SE 62ST STREET	
CITY-ST-ZIP	OCALA, FL 0	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, JOYCE	
STREET ADDRESS	1269 E S S BLVD.	
CITY-ST-ZIP	OCALA, FL 0	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BERRY, NELREA	
STREET ADDRESS	1950 SW 4TH AVE	
CITY-ST-ZIP	OCALA FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	FLOSSIE, KEEL	
STREET ADDRESS	300 SW 19TH ST	
CITY-ST-ZIP	OCALA, FL 00000	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)