

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 07, 2001 08:00 AM****Secretary of State****DOCUMENT # 733718****1. Entity Name****KING'S WAY BIBLE CHURCH OF BRANDON, INCORPORATED****Principal Place of Business****Mailing Address**

1331 KINGSWAY RD

1331 KINGSWAY RD

BRANDON

FL

BRANDON

FL

335102515

US

335102515

US

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**59-1627040**

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**WESTLAKE ROBERT
4110 CONCORD WAYPLANT CITY FL
33567 US

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

07/07/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INGRAM CHARLES R.		NAME	INGRAM CHARLES R		
STREET ADDRESS	604 SOUTHWOOD COVE		STREET ADDRESS	604 SOUTHWOOD COVE		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	BRANDON FL 33511		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTLAKE ROBERT		NAME	MANNING ROBERT C		
STREET ADDRESS	4110 CONCORD WAY		STREET ADDRESS	107 JAMES STREET		
CITY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP	BRANDON FL 33510		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOVER JOHN R		NAME	WESTLAKE ROBERT		
STREET ADDRESS	1401 BUCKNER ROAD		STREET ADDRESS	4110 CONCORD WAY		
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP	PLANT CITY FL 33567		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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)(f), 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 R. INGRAM****STD****07/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)