

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756450 (3)**  
1. Corporation Name  
**KING SOLOMON UNITED BAPTIST CHURCH, INCORPORATED**



Principal Place of Business  
**2221 FOREST STREET  
JACKSONVILLE FL 32204**

Mailing Address  
**2221 FOREST STREET  
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified <b>02/20/1981</b>	3a. Date of Last Report <b>01/27/1995</b>
4. FEI Number <b>59-2031529</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent <b>KNOX, PETER WARREN, III 2221 FOREST STREET JACKSONVILLE FL 32204</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
--	---

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, JOSEPH	12 NAME	
STREET ADDRESS	4437 LINCREST DRIVE S.	13 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	14 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLOW, MICHAEL G.	22 NAME	
STREET ADDRESS	2300 CESERY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORPE, CYNTHIA	32 NAME	
STREET ADDRESS	3204 DAVIS STREET	33 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JAMES E. JR.	42 NAME	
STREET ADDRESS	4358 ROTH DRIVE S.	43 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	44 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, WILLIAM C JR	52 NAME	
STREET ADDRESS	6604 KINLOCKE DR WEST	53 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: M. B. Mortham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TREASURER / SECRETARY  
28 JAN 96 725 7131  
Date Daytime Phone #

CR2E037 (12/95)