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Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

2221 FOREST STREET  
JACKSONVILLE FL 322042221 FOREST STREET  
JACKSONVILLE FL 32204-27863. Date Incorporated or Qualified  
02/20/19813a. Date of Last Report  
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2031529

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOX, PETER WARREN, III  
2221 FOREST STREET  
JACKSONVILLE FL 32204

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME SAMPSON, JOSEPH  
STREET ADDRESS 4437 LINCREST DRIVE S.  
CITY-ST-ZIP JAX, FL 000001.1 TITLE VD ☐ Change ☐ Addition  
1.2 NAME Sampson, Joseph  
1.3 STREET ADDRESS 4437 Lincrest Drive S.  
1.4 CITY-ST-ZIP Jax, Fl. 00000TITLE STD ☐ DELETE  
NAME FURLOW, MICHAEL G.  
STREET ADDRESS 2300 CESERY BLVD  
CITY-ST-ZIP JAX, FL 000002.1 TITLE STD ☐ Change ☐ Addition  
2.2 NAME Furlow Michael G.  
2.3 STREET ADDRESS 2300 Cesery Blvd.  
2.4 CITY-ST-ZIP Jax, Fl. 00000TITLE D ☐ DELETE  
NAME THORPE, CYNTHIA  
STREET ADDRESS 3204 DAVIS STREET  
CITY-ST-ZIP JAX, FL 000003.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Thorpe, Cynthia  
3.3 STREET ADDRESS 12545 Percy Lane  
3.4 CITY-ST-ZIP Jax, Fl. 00000TITLE D ☐ DELETE  
NAME LANG, JAMES E. JR.  
STREET ADDRESS 4358 ROTH DRIVE S.  
CITY-ST-ZIP JAX FL4.1 TITLE D ☐ Change ☐ Addition  
4.2 NAME Lang, James E. Jr.  
4.3 STREET ADDRESS 4358 Roth Drive S.  
4.4 CITY-ST-ZIP Jax, Fl. 00000TITLE PCD ☐ DELETE  
NAME BARKER, WILLIAM C JR  
STREET ADDRESS 6604 KINLOCKE DR WEST  
CITY-ST-ZIP JAX, FL 000005.1 TITLE PCD ☐ Change ☒ Addition  
5.2 NAME Barker, William C. Jr.  
5.3 STREET ADDRESS P.O. Box 40732  
5.4 CITY-ST-ZIP Jax, Fl. 32203 (N/A)TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 address.

SIGNATURE:

William C. Barker, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-JAN-97

904-630-2490

Date

Daytime Phone 904-630-2490

CP2E037 (9/96)