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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

41.16

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(3)

KING SOLOMON UNITED BAPTIST CHURCH, INCORPORATED

Principal Place of Business Mailing Address 2221 FOREST STREET 2221 FOREST STREET 3. Date Incorporated or Qualified JACKBONVILLE FL 32204 JACKSONVILLE FL 32204 02/20/1981 4. FEI Number Applied For 59-2031529 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes X No 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNOX, PETER WARREN, III ₿2 Street Address (P.O. Box Number is Not Acceptable) 2221 FOREST STREET 83 JACKSONVILLE FL 32204 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VD DELETE Change Addition 1.1 TITLE TITLE SAMPSON, JOSEPH NAME 1.2 NAME 4437 LINCREST DRIVE S. STREET ADORESS 1.3 STREET ADDRESS JAX. FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP STD DELETE Change Addition TITLE 2.1 TITLE FURLOW, MICHAEL G. NAME 2.2 NAME 2300 CESERY BLVD STREET ADDRESS 2.3 STREET ADDRESS JAX. FL 00000 CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE THORPE, CYNTHIA 3.2 NAME **12545 PERCY LN** STREET ADDRESS 3.3 STREET ADDRESS JAX, FL 00000 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE LANG, JAMES E. JR. NAME 4. 2 NAME 4358 ROTH DRIVE S. 4.3 STREET ADDRESS STREET ADDRESS JAX FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE BARKER, WILLIAM C JR 5.2 NAME NAME PO BOX 40732 N/A STREET ADDRESS 5.3 STREET ADDRESS JAX, FL 00000 CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. 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 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: MILLAXITY MICHAEL G. FURLOW 11 JAN. 98 (904) 725-7/3/

R2E037 (10/97)

FILED

Feb 05 1998 8:00am

Secretary of State