


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90002 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756450					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/20/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2031529	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, JOSEPH	1.2 NAME	
STREET ADDRESS	4437 LINCREST DRIVE S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURLOW, MICHAEL G.	2.2 NAME	LOWE, WILLIE E.
STREET ADDRESS	2300 CESERY BLVD	2.3 STREET ADDRESS	2427 TOWN SQUARE DRIVE
CITY-ST-ZIP	JAX, FL 00000	2.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32216
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORPE, CYNTHIA	3.2 NAME	
STREET ADDRESS	12545 PERCY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JAMES E. JR.	4.2 NAME	
STREET ADDRESS	4358 ROTH DRIVE S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	4.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, WILLIAM C JR	5.2 NAME	
STREET ADDRESS	PO BOX 40732 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: Willie E. Lowe **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Willie E. Lowe, Secretary

3/29/99

904-354-8052

Date

Daytime Phone #

CR2E037 (11/98)