

2000 - UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756450

1. Entity Name

KING SOLOMON UNITED BAPTIST CHURCH, INCORPORATED

Principal Place of Business

2221 FOREST STREET
JACKSONVILLE FL 32204

Mailing Address

2221 FOREST STREET
JACKSONVILLE FL 32204-2786

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2031529

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE VD
NAME SAMPSON, JOSEPH
STREET ADDRESS 4437 LINCREST DRIVE S.
CITY-ST-ZIP JAX, FL 00000 ☐ Delete

TITLE D
NAME THORPE, CYNTHIA
STREET ADDRESS 12545 PERCY LN
CITY-ST-ZIP JAX, FL 00000 ☐ Delete

TITLE D
NAME LANG, JAMES E. JR.
STREET ADDRESS 4358 ROTH DRIVE S.
CITY-ST-ZIP JAX FL ☐ Delete

TITLE PCD
NAME BARKER, WILLIAM C JR
STREET ADDRESS PO BOX 40732 N/A
CITY-ST-ZIP JAX, FL 00000 ☐ Delete

TITLE STD
NAME LOWE, WILLIE E
STREET ADDRESS 2427 TOWN SQUARE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie E. Lowe, Secretary

904-354-8052

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90009 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)