2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 756450

1. Entity Name
KING SOLOMON UNITED BAPTIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
2221 FOREST STREET JACKSONVILLE, FL 32204	2221 FOREST STREET JACKSONVILLE, FL 32204

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04162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2031529

☐ Applied For
☐ Not Applicable

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THORPE, CYNTHIA
STREET ADDRESS	12545 PERCY LN
CITY-ST-ZIP	JAX, FL 00000,
TITLE	D
NAME	MCCLENDON, GEORGE E
STREET ADDRESS	859 BASSWOOD ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	PCD
NAME	BARKER, WILLIAM C JR
STREET ADDRESS	PO BOX 40732 N/A
CITY-ST-ZIP	JAX, FL 00000,
TITLE	STD
NAME	LOWE, WILLIE E
STREET ADDRESS	2427 TOWN SQUARE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VD
NAME	HALL, TOMMY
STREET ADDRESS	11613 YALDING DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320787
04/21/05-80052-010 61.25

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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: Willie E. James CORPORATION SECRETARY 4/17/05 904-354-8052
SIGNATURE AND TYPED OR PRINTED NAME OF ASSISTING OFFICER OR DIRECTOR — Date — Daytime Phone #