2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756450

FILED Feb 09, 2009 Secretary of State

Entity Name: KING SOLOMON UNITED BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2240 FOREST STREET JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

2240 FOREST STREET JACKSONVILLE, FL 32204

FEI Number: 59-2031529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, VERNELL E ALLEN, OLA S 2240 FOREST STREET 2240 FOREST STREET

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US

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: OLA S. ALLEN 02/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KELVIN, FRANKLIN
 Name:
 WIGGINS, DELORES

 Address:
 2567 RED RUBIN DR.
 Address:
 3011 DONNA DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32208

 Name:
 CYNITHIA, THORPE
 Name:
 VANADORE, MARGARET

 Address:
 12545 PEREY LANE
 Address:
 12648 SAMPSON ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: STD () Delete Title: () Change () Addition

 Name:
 LOWE, WILLIE E
 Name:

 Address:
 2427 TOWN SQUARE DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 HALL, TOMMY
 Name:

 Address:
 11613 YALDING DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

Title: PCD () Delete Title: PCD (X) Change () Addition

 Name:
 MARIKO, BILLUPS
 Name:
 MARIKO, BILLUPS T

 Address:
 8872 GRASSSY POLUFF DR.
 Address:
 8872 GRASSSY POLUFF DR.

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:
 JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE E. LOWE STD 02/09/2009