

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90317 046 *****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2031529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THORPE, CYNTHIA	
STREET ADDRESS	12545 PERCY LN	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, JAMES E. JR.	
STREET ADDRESS	4358 ROTH DRIVE S.	
CITY-ST-ZIP	JAX FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	BARKER, WILLIAM C JR	
STREET ADDRESS	PO BOX 40732 N/A	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOWE, WILLIE E	
STREET ADDRESS	2427 TOWN SQUARE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, FREDERICK	
STREET ADDRESS	11504 SARASOTA LN	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *W. SIGNATURE REQUIRED* **Willie E. Lowe** *4/29/03* **904-354-8052**

CR2E037 (10/02)