

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90021 003 ****61.25

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DOCUMENT # 761402

1. Corporation Name

OLD KINGS RD. BAPTIST CHURCH INC.

Principal Place of Business

**7134 OLD KINGS RD
JACKSONVILLE FL 32219
US**

Mailing Address

**7134 OLD KINGS ROAD
JACKSONVILLE FL 32219
US**



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip Country

24

25

Zip Country

29

30

3. Date incorporated or Qualified

01/11/1982

4. FEI Number

59-2920345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WILSON, CHARLES V
7424 LAURA STREET
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

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

Charles V. Wilson, **CHARLES V. WILSON 1-19-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE
NAME **WILSON, VERNON**
STREET ADDRESS **7424 LAURA CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **ANDERSON, WALTER**
STREET ADDRESS **7010 CISCO GARDEN RD WEST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **PICKETT, MERRILL**
STREET ADDRESS **5814 JACKS RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE
NAME **SULLIVAN, GEORGE C**
STREET ADDRESS **8203 LENOX AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **RONALD D WEAVER**
1.3 STREET ADDRESS **712 CREIGHTON ROAD**
1.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **RONALD D WEAVER**
2.3 STREET ADDRESS **712 CREIGHTON ROAD**
2.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Charles V. Wilson*, **CHARLES V. WILSON 1-19-99 1-904-6661400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)