

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761402

1. Entity Name

OLD KINGS RD. BAPTIST CHURCH INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90023 038 ****61.25

Principal Place of Business

7134 OLD KINGS RD
JACKSONVILLE FL 32219
US

Mailing Address

7134 OLD KINGS ROAD
JACKSONVILLE FL 32219-3784
US

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

59-2920345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, CHARLES V
7424 LAURA STREET
JACKSONVILLE FL 32208

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

CHARLES V. WILSON DC Charles V. Wilson 1-28-2000

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

TITLE D ☒ Delete
NAME WEATHFORD, ZONALD D
STREET ADDRESS 712 CREIGHTON ROAD
CITY-ST-ZIP ORANGE PARK FL 32073

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DIRECTOR ☐ Change ☒ Addition
NAME HULBELT, ANTHONY M
STREET ADDRESS 4406 TROUT RIVER RD
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE PRESIDENT ☐ Change ☒ Addition
NAME DARRACOTT DANIEL C
STREET ADDRESS 421 DUANE AVE
CITY-ST-ZIP YULBEE, FL 32097

TITLE DIRECTOR ☒ Change ☐ Addition
NAME GEORGE SULLIVAN C
STREET ADDRESS 8203 - LENOX AVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

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

TITLE ☐ Change ☐ 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:

CHARLES V. WILSON Charles V. Wilson 1-28-2000 6961400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)