

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90103 007 \*\*\*\*61.25

**DOCUMENT # 761402**

1. Entity 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

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

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* CHARLES V. WILSON

1-20-01

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

TITLE D  
 NAME HULGELT, AUTHER M  
 STREET ADDRESS 4406 TROUT RIVER BLVD  
 CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ Delete

TITLE P D  
 NAME DARRACOTT, DANIEL C  
 STREET ADDRESS 421 DUANE AVE  
 CITY-ST-ZIP YULEE FL 32097 ☐ Delete

TITLE D  
 NAME SULLIVAN, GEORGE C  
 STREET ADDRESS 8203 LENOX AVE  
 CITY-ST-ZIP JACKSONVILLE FL 32221 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D  
 NAME AUTHER M. HULBERT  
 STREET ADDRESS 4406 TROUT RIVER BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32208 ☒ Change ☐ Addition

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

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

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

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

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

1-20-01

904.76509.72

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)