

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

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90913 040 \*\*\*\*61.25

**DOCUMENT # 761402**

**1. Entity Name**

Old Kings Rd. Baptist Church, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

7134 Old Kings Road

Suite, Apt. #, etc.

**3. Mailing Address**

7134 Old Kings Road

Suite, Apt. #, etc.

**City & State**

Jacksonville, FL

**City & State**

Jacksonville, FL

**Zip**

32219

**Country**

Duval

**Zip**

32219

**Country**

Duval

**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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Charles V. Wilson

**Street Address (P.O. Box Number is Not Acceptable)**

7424 Laura Street

**City**

Jacksonville

**FL**

**Zip Code**  
32208

**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

4/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D/T Wilson, Charles V. 7424 Laura Street Jacksonville, FL 32208
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D Hulbert, Arthur M. 4406 Trout River Blvd. Jacksonville, FL 32208
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D J. Julius Wright 6781 Sycamore Road Jacksonville, FL 32219
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Charles V. Wilson*

, Treasurer

4/10/02