

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

FILED
Aug 05, 2003 8:00 am
Secretary of State

0001408

DOCUMENT # 761402

1. Entity Name

OLD KINGS RD. BAPTIST CHURCH INC.



08-05-2003 90117 002 ****61.25
08-05-2003 90117 001 *****8.75

Principal Place of Business

7134 OLD KINGS RD
JACKSONVILLE FL 32219
US

Mailing Address

7134 OLD KINGS ROAD
JACKSONVILLE FL 32219
US

33033347



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

WILSON, CHARLES V
7424 LAURA STREET
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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

Charles V. Wilson CHARLES V. WILSON

7-30-03

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
After September 10, 2003, min will be \$236.25

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	WILSON, CHARLES V	
STREET ADDRESS	7424 LAURA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HULBERT, AUTHER M	
STREET ADDRESS	4406 TROUT RIVER BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, J. JULIUS	
STREET ADDRESS	6781 SYCAMORE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	PASTOR	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, DONALD W.	
STREET ADDRESS	7657 BOB-O-LINK RD.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, DONALD W.	
STREET ADDRESS	7657 BOB-O-LINK RD.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32219	
TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLER, DONALD S.	
STREET ADDRESS	6506 BOB-O-LINK RD.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

7-30-03

1-904-7650972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)