

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

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91008 004 \*\*\*\*61.25

**DOCUMENT # N02000008367**

1. Entity Name

**THE KING'S FOUNDATION, INC.**



Principal Place of Business

**4305 17TH ST E  
ELLENTON FL 34222**

Mailing Address

**4305 17TH ST E  
ELLENTON FL 34222**

**33033331**



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

**71-0909481**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WHITE, STEVEN N**  
**COMCENTER 70, STE 15 6150 STATE RD 70 E**  
**BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name **Charles N Williams JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**4305 17th Street East**  
**Ellenton**  
City **FL** Zip Code **34222**

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 N Williams JR*

**8/19/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, CHARLES N JR</b>	
STREET ADDRESS	<b>4305 17TH ST E</b>	
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EVANS, CARLTON</b>	
STREET ADDRESS	<b>P O BOX 101</b>	
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITE, STEVEN N</b>	
STREET ADDRESS	<b>4490 SANIBEL WAY</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D-PT</b>	<b>Charles N Williams</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		<b>4305 17th Street East</b>	
CITY-ST-ZIP		<b>Ellenton FL 34222</b>	
TITLE	<b>D</b>	<b>Jackie Jones</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		<b>P.O. Box 295</b>	
CITY-ST-ZIP		<b>Parrish FL 34219</b>	
TITLE	<b>D</b>	<b>Geraldine Williams</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		<b>11806 Colyer Lane</b>	
CITY-ST-ZIP		<b>Parrish FL 34219</b>	
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:

**SIGNATURE REQUIRED**

*Charles N Williams JR* **8/19/03** **(941) 812-2195**

CR2E037 (4/03)