

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90096 012 ****61.25

DOCUMENT # N26063

1. Entity Name

KING JAMES BIBLE SOCIETY, INC.



Principal Place of Business

**C/O DAVID CAGLE
527 BENJULYN ROAD
CANTONMENT FL 32533**

Mailing Address

**C/O DAVID CAGLE
527 BENJULYN ROAD
CANTONMENT FL 32533**

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 **59-2916522**

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

**CAGLE, DAVID
527 BENJULYN ROAD
CANTONMENT FL 32533**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CAGLE, DAVID	
STREET ADDRESS	527 BENJULYN ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	CAGLE, JUDITH	
STREET ADDRESS	527 BENJULYN ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEENEN, RICHARD	
STREET ADDRESS	4317 W AVENIDA DE GOLF	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COCORIS, JOHN	
STREET ADDRESS	810 N. 59TH AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEDENO, RALPH M	
STREET ADDRESS	10240 BOWMAN AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMKEN, DAN M	
STREET ADDRESS	3600 FAWN WOOD DRIVE	
CITY-ST-ZIP	PACE FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

Judith Cagle (Judith Cagle) 3-24-03 850-968-5903

CR2E037 (10/02)