

DOCUMENT # N94000003552

1. Entity Name

KINGSWOOD BAPTIST CHURCH, INC.

Principal Place of Business

9206 KINGSWOOD ROAD
SOUTHPORT FL 32409
US

Mailing Address

9206 KINGSWOOD ROAD
SOUTHPORT FL 32409
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

59-2146127

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, JOEL K.
819 WEST 26TH STREET
LYNN HAVEN FL 32409

Name

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

City

FL

Zip Code

32444

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, JOEL K	
STREET ADDRESS	819 WEST 26 STREET	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	COWNE, JOANNE T	
STREET ADDRESS	9303 N HOLLAND RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEED, CHARLES	
STREET ADDRESS	4418 HUCKLEBERRY LANE	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COWAN, WALTER	
STREET ADDRESS	9303 N HOLLAND RD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD LAND	
STREET ADDRESS	8843 S. THICCAIN RD.	
CITY-ST-ZIP	SOUTHPORT, FL. 32409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE BRANNON	
STREET ADDRESS	7637 KINGSWOOD RD.	
CITY-ST-ZIP	SOUTHPORT, FL. 32409	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-01 950871-8981

CR2E037 (10/00)