

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003552

1. Entity Name

KINGSWOOD BAPTIST CHURCH, INC.

FILED

Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90024 045 ****70.00

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 32444

Name: EDWARD K. LAND

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

8843 South MCCANN RD.

City Southport

FL

Zip Code 32409

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

Edward K. Land

SECRETARY-TREASURER

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
NAME WILSON, JOEL K
STREET ADDRESS 819 WEST 26 STREET
CITY-ST-ZIP LYNN HAVEN FL 32444 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DECEASED ☐ Change ☐ Addition

TITLE VD
NAME STEED, CHARLES
STREET ADDRESS 4418 HUCKLEBERRY LANE
CITY-ST-ZIP PANAMA CITY FL 32409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME LAND, EDWARD
STREET ADDRESS 8843 SI MCCANN RD
CITY-ST-ZIP SOUTHPORT FL 32409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BRANNON, GENE
STREET ADDRESS 7637 KINGSWOOD RD
CITY-ST-ZIP SOUTHPORT FL 32409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Edward K. Land

1-10-02 850-872-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)