

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90006 001 ****70.00

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

01152004 Chg-NP CR2E037 (10/03)

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

**LAND, EDWARD L
8843 SOUTH MCCANN RD
SOUTHPORT, FL 32409**

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

Filing Fee is \$61.25
Due by May 1, 2004

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TILLMAN, VIRGIL
4031 WOODRIDGE RD.
LYNN HAVEN, FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TILLMAN, VIRGIL
2210 BEAK Circle
LYNN HAVEN, FL 32444** ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TURNER, MICKEY
PO BOX 1035
SOUTHPORT, FL 32404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TURNER, MICKEY
PO BOX 1035
SOUTHPORT, FL 32404** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, JOAN
9428 N. HOLLAND RD.
SOUTHPORT, FL 32409** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, JOAN
9413 RESOTA BEACH Rd.
Southport, FL 32409** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, JOAN
9413 RESOTA BEACH Rd.
Southport, FL 32409** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, JOAN
9413 RESOTA BEACH Rd.
Southport, FL 32409** ☐ 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 Land **EDWARD LAND**

1-17-04

850-872-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #