

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90034 040 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3001075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

ACLIN, FAITH
9206 KINGSWOOD ROAD
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

Name

Amanda Morris

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

9206 Kingswood 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Amanda Morris

(NOTE: Registered Agent signature required when reinstating)

March 10, 07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 P ☐ Delete
NAME TILLMAN, VIRGIL
STREET ADDRESS 2210 BELL CIRCLE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE T ☐ Delete
NAME MC CLEARY, JAN
STREET ADDRESS 9206 KINGSWOOD ROAD
CITY-ST-ZIP SOUTHPORT FL 32409

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

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

TITLE D ☐ Delete
NAME ROGERS, JOAN
STREET ADDRESS 9713 RESOTA BEACH RD.
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE FS ☒ Delete
NAME FAITH, ACLIN
STREET ADDRESS 9206 KINGSWOOD ROAD
CITY-ST-ZIP YOUNGSTOWN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

FS ☐ Change ☐ Addition
Amanda Morris
9206 Kingswood Rd
Southport, FL 32409

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

850-271-8981