

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004214 (9)
 1. Corporation Name
KINGS ROAD BAPTIST CHURCH, INC.



Principal Place of Business: **6510 BARTH RD. JACKSONVILLE FL 32219**
 Mailing Address: **6510 BARTH RD. JACKSONVILLE FL 32219**

3. Date Incorporated or Qualified
07/25/1997

4. FEI Number: **59-3104093**
 Applied For: Not Applicable:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WHITAKER, LEE
6510 BARTH RD.
JACKSONVILLE FL 32219

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITAKER, LEE	1.2 NAME	Harold Gregg
STREET ADDRESS	6510 BARTH RD.	1.3 STREET ADDRESS	4312 Lexington Ave
CITY-ST-ZIP	JACKSONVILLE FL 32219	1.4 CITY-ST-ZIP	Jax FL 32210
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYGEMA, PAUL	2.2 NAME	Mitch Carter
STREET ADDRESS	6510 BARTH RD.	2.3 STREET ADDRESS	6706 Bowie Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32219	2.4 CITY-ST-ZIP	Jax FL 32219
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, LORI	3.2 NAME	Tony Swafford
STREET ADDRESS	6510 BARTH RD.	3.3 STREET ADDRESS	6730 Bowie Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32219	3.4 CITY-ST-ZIP	Jax, FL 32219
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Whitaker **Jan. 13, 1998** **904-764-6760**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000788

CFR2037 (10/97)