

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90040 043 ****61.25

DOCUMENT # N97000004214

1. Entity Name

KINGS ROAD BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

6510 BARTH RD.
 JACKSONVILLE FL 32219

6510 BARTH RD.
 JACKSONVILLE FL 32219-2402

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 **59-3104093**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITAKER, LEE
 6510 BARTH RD.
 JACKSONVILLE FL 32219

Name

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

6671 Barth Road

City **Jacksonville**

FL

Zip Code **32219**

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	P	<input type="checkbox"/> Delete
NAME	WHITAKER, LEE	
STREET ADDRESS	6510 BARTH RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	HYGEMA, PAUL	
STREET ADDRESS	6510 BARTH RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	S	<input type="checkbox"/> Delete
NAME	BISHOP, TINA	
STREET ADDRESS	6510 BARTH RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAGG, HAROLD	
STREET ADDRESS	4312 LEXINGTON AVE	
CITY-ST-ZIP	JAX FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, MITCH	
STREET ADDRESS	6706 BOWIE RD	
CITY-ST-ZIP	JAX FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWAFFORD, TONY	
STREET ADDRESS	6730 BOWIE RD	
CITY-ST-ZIP	JAX FL 32219	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tina M. Bishop **2-1-00** 904-764-1
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #