


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004214
 1. Entity Name
KINGS ROAD BAPTIST CHURCH, INC.



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

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3104093 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WHITAKER, LEE
6671 BARTH RD
JACKSONVILLE, FL 32219

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, LEE 6510 BARTH RD. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISHOP, TINA 6510 BARTH RD. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAGG, HAROLD 4312 LEXINGTON AVE JAX, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, MITCH 6706 BOWIE RD JAX, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAFFORD, TONY 6730 BOWIE RD JAX, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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010000008537
 01/21/04-90015-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), 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: Lee Whitaker 1-5-04 904-764-6750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #