


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 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.
 JACKSONVILLE, FL 32219

6510 BARTH RD.
 JACKSONVILLE, FL 32219

DO NOT WRITE IN THIS SPACE



07052005 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 \$61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

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

07052005371614
 07/08/05-80010-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* *Lee Whitaker* 7-6-05 904-764-6750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #