

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90136 018 *****61.25

0091130

DOCUMENT # N99000000772

1. Entity Name

KING'S WAY BAPTIST CHURCH OF DESOTO COUNTY, INC.



Principal Place of Business

**6200 NE HWY 17
ARCADIA FL 34266**

Mailing Address

**P.O. BOX 1799
ARCADIA FL 34265**

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 **65-0394608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HENSEL, GEORGE E
2673 S.E. LENA TERR.
ARCADIA FL 34266**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SHERROUSE, PAUL | |
| STREET ADDRESS | 302 N MILLS AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PENNINGTON, DAN | |
| STREET ADDRESS | 4230 SW KINGS HWY | |
| CITY-ST-ZIP | NOCATEE FL 34268 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HENSEL, GEORGE | |
| STREET ADDRESS | 2673 SE LENA TERRACE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PREVATT, TRAVIS | |
| STREET ADDRESS | 1566 SE WEST FARMS RD | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HATCHER, RICHARD | |
| STREET ADDRESS | P.O. BOX 163 | |
| CITY-ST-ZIP | ARCADIA FL 34265 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

SIGNATURE REQUIRED *Travis Preva H* **5/1/03** **813494463**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)