2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

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1. Entity Name
BLOOMINGDALE OAKS BAPTIST CHURCH OF VALRICO, FLA., INC.

Principal Place of Business	Mailing Address
1653 BLOOMINGDALE AVE VALRICO, FL 33594	1653 BLOOMINGDALE AVE VALRICO, FL 33594

07052006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3356843

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ODOM, JOHN
1653 BLOOMINGDALE AVE
VALRICO, FL 33594

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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 6, 2006

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

U00000568862
07/11/06-80002-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ODOM, JOHN
STREET ADDRESS	12530 RIVERBIRCH DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VD
NAME	ABBOTT, COURT
STREET ADDRESS	1401 VIOLA DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	HAFER, ROXANE
STREET ADDRESS	1905 CANTERBURY LANE E-6
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D
NAME	RECENELLO, JOYCE
STREET ADDRESS	923 RIDGE HAVEN DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	WHEELER, JOSHUA
STREET ADDRESS	207 EXCALIBUR COURT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 07-06-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #