


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90001 009 ****70.00

DOCUMENT # 700641	
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1. Entity Name
HIGHLAND OAKS BAPTIST CHURCH, INC.

Principal Place of Business
4036 N FAULKENBURG RD.
TAMPA, FL 33610

Mailing Address
4036 N FAULKENBURG RD.
TAMPA, FL 33610



01292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 4038 N. Falkenburg Rd.		3. Mailing Address 4038 N. Falkenburg Rd.	
Suite, Apt. #, etc. Tampa Florida		Suite, Apt. #, etc. Tampa Florida	
City & State 33610 Hillsborough		City & State 33610 Hillsborough	
Zip	Country	Zip	Country

4. FEI Number
59-1160530

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUSSELL, BERTHA E
5030 CLEWIS AVE
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name Paula Gaskins
Street Address (P.O. Box Number is Not Acceptable)
10115 N. Willow Ave.
City Tampa FL Zip Code 33612

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 Paula Gaskins Secretary/Treasurer DATE 1/29/2008

Filing Fee is \$61.25
Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	T FUSSELL, BERTHA E 5030 CLEWIS AVE TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASKINS, CHRISTINA 10115 N. WILLOW AVE TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEAD DEACON BRUNSON, JAMES 9401 SUNSET DRIVE TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WOOD, CECIL R 524 "B" CAMINO REAL CT BRANDON, FL 33510 <input type="checkbox"/> Delete Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLEDSOE, BONNIE 4029 MCLANE DR TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAWORSKI, GEORGIA 8919 E. JEAN ST TAMPA, FL 33610 <input type="checkbox"/> Delete Remove

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY Paula Gaskins 10115 N. Willow Ave Tampa, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paula Gaskins Paula Gaskins DATE 6/1/2008 (813) 933-8697