## 2004 NOT-FOR-PROFIT CORPORATION

## **FILED** May 24, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # 702404** 1. Entity Name 05-24-2004 90012 018 \*\*\*\*70.00 OAK RIDGE BAPTIST CHURCH INC Principal Place of Business Mailing Address OAK RIDGE BAPTISH CH 3833 WEST OAK RIDGE RD ORLANDO FL 32809 OAK RIDGE BAPTISH CH 3833 WEST OAK RIDGE RD ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address SAME AS ABOUZ SAME AS ABOUS Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2905212 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENDEL, ROBERT B SR Street Address (P.O. Box Number is Not Acceptable) 6007 LUZON DRIVE ORLANDO FL 32809 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition COPPOCK, WILLIAM NAME -NAME 13112 SAN ANTONIO WOODS LANE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KENDEL, ROBERT B SR NAME NAME 6007 LUZON DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition COPPOCK, WILLIAM-NAME 13112 SAN ANTONIO WOODS LANE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DUNCAN, RAYMOND NAME NAME 6332 REVINNA DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GLADSTONE, ROBERTS

ORLANDO FL 32387

CLARK, ANTHONY

ORLANDO FL 32839

2220 BLUE SAPPHIRE CIRCLE

5219 VIA HACIENDA CIRCLE #109

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Rev. Rahart FICER OR DIRECTOR

X Delete

☐ Delete

☐ Change

☐ Change

□ Addition

Addition