


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 702404 1. Entity Name OAK RIDGE BAPTIST CHURCH INC	
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Principal Place of Business OAK RIDGE BAPTIST CH 3833 WEST OAK RIDGE RD ORLANDO, FL 32809 US	Mailing Address OAK RIDGE BAPTIST CH 3833 WEST OAK RIDGE RD ORLANDO, FL 32809 US
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FILED

05 SEP 23 PM 6:57

SECRET  
TALLAHASSEE, FLORIDA



06292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2905212	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KENDEL, ROBERT B SR 6007 LUZON DRIVE ORLANDO, FL 32809
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Robert B. Kendel Sr DATE 7/10/05  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	500059876285 05--01007--004 **61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOCK, WILLIAM 13112 SAN ANTONIO WOODS LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDEL, ROBERT B SR 6007 LUZON DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOCK, WILLIAM 13112 SAN ANTONIO WOODS LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, RAYMOND 6332 REVINNA DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ANTHONY 5219 VIA HACIENDA CIRCLE #109 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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)(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: Robert B. Kendel Sr (Pastor) DATE 7/10/05 DAYTIME PHONE # 407-351-5719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR