2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 702404

Entity Name
 OAK RIDGE BAPTIST CHURCH INC

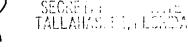


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Principal Place of Business

OAK RIDGE BAPTISH CH 3833 WEST OAK RIDGE RD ORLANDO, FL 32809 US Mailing Address

OAK RIDGE BAPTISH CH 3833 WEST OAK RIDGE RD ORLANDO, FL 32809 US



DO NOT WRITE IN THIS SPACE

06292005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2905212

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENDEL, ROBERT B SR 6007 LUZON DRIVE ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

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 Refigeature, hyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filling Fee Is \$61.25 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Ber a	100598762 /0501007004	285 **61.25		
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			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, RAYMOND 6332 REVINNA DRIVE ORLANDO, FL 32809	,		IN THIS SPACE			
TITLE NAME STREET AODRESS CITY-ST-ZIP	D CLARK, ANTHONY 5219 VIA HACIENDA CIRCLE #109 ORLANDO, FL 32839						

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Pastor)

7/10/05

407-351-5719

Daytime Phone #