

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90001 005 ****70.00

DOCUMENT # 702404

1. Entity Name

OAK RIDGE BAPTIST CHURCH INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3833 W. Oak Ridge Road

Suite, Apt. #, etc.

3. Mailing Address

3833 W. Oak Ridge Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32809

Country

U.S.A.

Zip

32809

Country

U.S.A.

40120165

CR2E037B (8/05)

4. FEI Number
59-2905212

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Rev. Robert B. Kendel Sr.

Street Address (P.O. Box Number is Not Acceptable)

6007 Luzon drive

City

Orlando

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

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

Pastor
Kendel Robert B. Sr.
6007 Luzon Drive
Orlando, Florida 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Church Deacon
Coppock William
3140A Blue Heron Drive
Kissimmee, Florida 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Church Deacon
Duncan, Raymond
6332 Revinna Drive
Orlando, Florida 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Church Treasurer
Coppock, William
3140A Blue Heron Drive
Kissimmee, Florida 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Rev. Robert Bruce Kendel Sr.

SIGNATURE: *Rev. Robert Bruce Kendel Sr.*

(407) 351-5719