


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 716741 1. Entity Name OAKWOOD BAPTIST CHURCH, INC.	
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Principal Place of Business 506 SO OAKWOOD AVENUE BRANDON, FL 33511 US	Mailing Address 506 S. OAKWOOD AVE. BRANDON, FL 33511-6123
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01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2167023	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$9.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKSON, MARVIN W 504 S OAKWOOD AVE BRANDON, FL 33511
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**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, MARVIN W 504 S OAKWOOD AVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, TERRY 3311 PEARSON RD. VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, HAROLD 11003 ESTATES DEL SOL RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGELT, PAUL 4769 LAKE KOTSA DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLANTON, TOMMY 2843 BRANDON RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100001455:735
03/15/06-80055-009 70.00

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IN THIS SPACE**

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: M. W. Jackson _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #