



2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 716770 1. Entity Name FIRST BAPTIST CHURCH OAKLAND DEVELOPMENT COMPANY, INC.						FILED 05 MAY 25 AM 8: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business OAKLAND TERRACE APARTMENTS 1025 JESSIE STREET JACKSONVILLE, FL 32206				Mailing Address OAKLAND TERRACE APARTMENTS 1025 JESSIE STREET JACKSONVILLE, FL 32206			
2. Principal Place of Business First Bapt. Church of Suite, Apt. #, etc. Oakland		3. Mailing Address 1025 Jessie Street Suite, Apt. #, etc.		05202005 Chg-NP CR2E037 (10/03)			
City & State Jacksonville, Florida Zip 32206 Country Duval		City & State Jacksonville, FL Zip 32206 Country Duval		4. FEI Number 59-1663332		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent REESE MARSHALL ATT. AT LAW 1025 JESSIE STREET JACKSONVILLE, FL 32206			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 080055715670 06/03/05--01040--004 ** 70, 111 City FL 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>				DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBINSON, MARYLAND <input type="checkbox"/> Delete 754 SPEARING ST. JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Jones, Quillie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1992 W. 14th Street Jacksonville, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOWELL, JAMES B <input type="checkbox"/> Delete 3805 MARLO ST. JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gibson, Johnnie M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1362 Samatha Circle, W. Jacksonville, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORMAN, ERVIN <input type="checkbox"/> Delete 2437 S. BARRY DR. JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Nixon, Alice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 813 VanBuren Street Jacksonville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4261 Emerald Bay Drive Jacksonville, FL *To correct Address		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COVINGTON, KENNETH <input type="checkbox"/> Delete 2220 THE HOODS DR. JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jones, Reola <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9140 Greenleaf Road Jacksonville, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Perry, Hazel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1102 Odessa Street - Jacksonville, FL		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/24/05 Daytime Phone # _____			