


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90086 043 \*\*\*\*61.25

<b>DOCUMENT # 721163</b> 1. Entity Name <b>OAK HAVEN BAPTIST CHURCH OF PENSACOLA, FLORIDA, INC.</b>					
Principal Place of Business <b>6400 N. PALAFOX PENSACOLA, FL 32503</b>				Mailing Address <b>6400 N. PALAFOX PENSACOLA, FL 32503</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-2320663</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLLEY, G. L. SR 4325 N DAVIS HWY PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent Name <b>A. LENORD YOUNG</b> Street Address (P.O. Box Number is Not Acceptable) <b>1890 W. Kingsfield Rd</b> City <b>CANTONMENT</b> FL Zip Code <b>32533</b>	
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 <i>A. Lenord Young</i> <b>A. LENORD YOUNG</b>				DATE <b>4-11-05</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD FRANKLIN, NETTE 671 CARLTON RD PENSACOLA, FL 32534</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD Rocha, Elizabeth 5118 High Point Dr PENSACOLA, FL 32505</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD SALTER, PRESTON 8380-B COUNTRY WALK DRIVE PENSACOLA, FL 32514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD Bentley, Maxine 7005 Forshalee St PENSACOLA, FL 32503</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD HOLLEY, G. L. SR 4325 N DAVIS HWY PENSACOLA, FL 32502</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Young, A. Lenord 1890 W. Kingsfield Rd CANTONMENT, FL 32533</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>A. Lenord Young</i> <b>A. LENORD YOUNG</b> DATE <b>4-11-05</b>					

850-478-5538