

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90027 034 \*\*\*\*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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02142007    Chg-NP    CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-2320663</b>	
Zip                      Country		Zip                      Country		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>Preston L. Ezell</b> Street Address (P.O. Box Number is Not Acceptable) <b>80 MONARCH LN</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32503</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>Preston L Ezell</i> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				<b>Preston L Ezell, P/D</b> <b>3-30-07</b> <small>(NOTE: Registered Agent signature required when reinstating)    DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to 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 BENTLEY, MAXINE 7005 FORSHALEE ST PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD THOMPSON, JAMES C 1567 W TEN MILE RD CANTONMENT, FL 32533</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOLLEY, G.L SR 4325 N. DAVIS HWY. PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Preston L Ezell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>Preston L Ezell, PD</b> <b>3-30-07</b> <b>850-478-5538</b> <small>Date    Daytime Phone #</small>	

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