FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT #

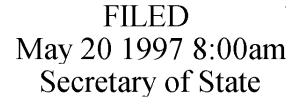
Principal Place of Business

726908

(7)

OAKDALE BAPTIST CHURCH, INC

Mailing Address





17015 WEST NEWBERRY RD NEWBERRY FL 32669				17015 WEST NEWBERRY RD NEWBERRY FL 32669-2106									
								-	3. Date Incorporated or Qualif	ied 3a.	Date of Last F 02/12/198	Report 96	7
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			pplied For	\dashv
21				26				-	59-2236210			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.								Additional	4
22				27					Certificate of Status Desired	d 🔲		equired	
City & State				City & State					6. Election Campaign Financir	na	\$5.00	May Be	\dashv
23				28					Trust Fund Contribution	ຶ 🗀		to Fees	
Zip		Country		Zip	00	untry		7	8. This corporation has liability	for intangib	le tax under s	s. 199.032,	1
24		25	29						Florida Statutes	Yes			
	9. Name	and Address of Curre	nt Regist	tered Agent		ļ.,			0. Name and Address of New	w Registere	d Agent]
						В1	Name						
MAYE, W T				 			Street	treet Address (P.O. Box Number is Not Acceptable)					
17015 WEST NEWBERRY RD				. [
NEWBER	RY FL 3266	39				83							
						84	City			F	85 Zip	Code	1
11. Pursuant	to the provisi	ons of Sections 617.05	02 and 61	17.1508, Ftorida Statute	es, the a	above	o-named	corporat	ion submits this statement for s board of directors. I hereby a	the purpose	of changing i	ts registered	1
agent. I a	m lamiliar wil	th, and accept the obli	gations of	Section 617.0503, Flo	rida Sta	tutes	i i i i i i i i i i i i i i i i i i i	polations	s board of difectors. Thereby a	iccepi ine aj	ропинен аз	registered	
SIGNATURE													
12.	Signature, typed	or printed name of registered as OFFICERS At					nt signature	e required wi	G1	DATE	ID DIDEOXOL	50 /11 16	۱,
TITLE	DT	OFFICERS AF	ND DIREC	DELETE	13.	TT C		1	ADDITIONS/CHANGES TO C	JEFFICERS AF	Change	Addition	-{8
NAME		GHS, JOE		_ ottile		IAME					□ Change	MODITION	18
STREET ADDRESS		EST NEWBERRY RD					ADDRESS						8
CITY-ST-ZIP	NEWBER			1.40									Į į
TITLE	D			DELETE	2.1 1		1-211	D			Change	Addition	닉원
NAME	ROGERS,	HANK		,	221			Kin	auna Colfe		La cusugo		
STREET ADDRESS		EST NEWBERRY RD					ADDRESS	Du	very seri	Obersol	10.		
CITY-ST-ZIP	NEWBER					DITY-S		170	ayne Self 15 W. newbourd 71	2.21.1.9			1
TITLE	D			DELETE	311			'D	moroog 12	2001	Change	Addition	-
NAME	CRUCE, I	KEVIN			32 N	IAME		1Oa I	id along		_		
STREET ADDRESS	17015 WI	est Newberrry R	D		3.3 9	TREET	ADDRESS	1000	CIL NAUL	hi O A			
CITY-ST-ZIP	NEWBER	RY FL			3.4. (CITY-S	31 - Z(P	17101	rid Holt 5 W. Newber berug 71 32	JI a	م		
TITLE	C			DELETE	4.1 T	ITLE		ימשרו	www.77 32	700	Change	Addition	
NAME	MAYE, W				4.21	NAME			U				
STREET ADDRESS		est Newberry RD			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP	NEWBER	RY FL			4.4 0	ITY - S	T- ZIP						
TITLE	P			☐ DELETE	5.1 T	ITLE					Change	Addition	1
NAME		JAMES M			5.2 N	AME							
STREET ADDRESS		est Newberry RD			5.3 S	TREE1	ADDRESS						
CITY-ST-ZIP	NEWBER	ry FL				ITY•S	T-ZIP	ļ					J
TITLE				DELETE	6.Í T	ME					Change	Addition	1
NAME					6.2 N	AME							
STREET ADDRESS					6.3 S	TREFT	ADDRESS						1
CITY-ST-ZIP					6.4 C	ITY-SI	I - 7I₽						

14. I do 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 annual roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.