

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732416

1. Entity Name

OAKLAND ASSEMBLY OF GOD CHURCH, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90006 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

117 JONQUILL AVE.  
FT. WALTON BEACH FL 32548

117 JONQUILL AVE.  
FT. WALTON BEACH FL 32548-4037

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

51-0189016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBSTER, JACK REV  
149 AUDREY  
FT WALTON BCH FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T	DESTAVEN, JAMES III	<input type="checkbox"/> Delete
NAME	1201 THOMASON DR	
STREET ADDRESS	FT WALTON BCH FL 32547	
CITY-ST-ZIP		
D	PERRY, DOUG	<input type="checkbox"/> Delete
NAME	107 3RD AVE	
STREET ADDRESS	SHALIMAR FL 32579	
CITY-ST-ZIP		
D	SANDERS, RAY	<input type="checkbox"/> Delete
NAME	905 SPRUCE COURT	
STREET ADDRESS	FT WALTON BCH, FL 00000	
CITY-ST-ZIP		
T	ROSE, JESSIE	<input type="checkbox"/> Delete
NAME	718 MEADOW COURT	
STREET ADDRESS	FT WALTON BEACH FL	
CITY-ST-ZIP		
D	SHERMAN, HENRY T	<input type="checkbox"/> Delete
NAME	292 ECHO CIRCLE	
STREET ADDRESS	FT WALTON BEACH FL 32548	
CITY-ST-ZIP		
T	WILLIAMS, DAVID	<input checked="" type="checkbox"/> Delete
NAME	219 CARMEL DRIVE #34	
STREET ADDRESS	FT WALTON BEACH FL	
CITY-ST-ZIP		

T	TOWNSEND, DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	326 N SCHNEIDER DR	
STREET ADDRESS	FT WALTON BEACH, FL 32547	
CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<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:

*Signature of Jack W. Webster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack W Webster, Chairman of  
the Board

4/20/2000

(850) 244-1222

Date

Daytime Phone #

CR2E037 (9/99)