

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90045 020 *****61.25

0018647

DOCUMENT # 732416

1. Entity Name

OAKLAND ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

117 JONQUILL AVE.
 FT. WALTON BEACH FL 32548

Mailing Address

117 JONQUILL AVE.
 FT. WALTON BEACH FL 32548

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

6. Name and Address of Current Registered Agent

WEBSTER, JACK REV
149 AUDREY
FT WALTON BCH FL 32548

7. Name and Address of New Registered Agent

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

T ☐ Delete
 NAME DESTAVEN, JAMES III
 STREET ADDRESS 1201 THOMASON DR
 CITY-ST-ZIP FT WALTON BCH FL 32547

D ☐ Delete
 NAME PERRY, DOUG
 STREET ADDRESS 107 3RD AVE
 CITY-ST-ZIP SHALIMAR FL 32579

D ☒ Delete
 NAME SANDERS, RAY
 STREET ADDRESS 905 SPRUCE COURT
 CITY-ST-ZIP FT WALTON BCH, FL 00000

T ☐ Delete
 NAME ROSE, JESSIE
 STREET ADDRESS 718 MEADOW COURT
 CITY-ST-ZIP FT WALTON BEACH FL

D ☐ Delete
 NAME SHERMAN, HENRY T
 STREET ADDRESS 292 ECHO CIRCLE
 CITY-ST-ZIP FT WALTON BEACH FL 32548

T ☒ Delete
 NAME ~~WILLIAMS, DAVID~~
 STREET ADDRESS 219 CARMEL DRIVE #34
 CITY-ST-ZIP FT WALTON BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition
 TITLE NAME *Dairrell Willard*
 STREET ADDRESS *136 1st St*
 CITY-ST-ZIP *Ft. Walton Beach, FL 32548*

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition
 TITLE NAME *David Townsend*
 STREET ADDRESS *219 Walton Beach*
 CITY-ST-ZIP *FL 32548*

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman of the board 4/7/01 (850) 244 1222
 Date Daytime Phone #

CR2E037 (10/00)