

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 732875

1. Entity Name
OAKIE RIDGE BAPTIST CHURCH, INC.



Principal Place of Business
**ROUTE 1 BOX 222B
2971 GILBERT MILL ROAD
CHIPLEY, FL 32428 US**

Mailing Address
**2971 GILBERT MILL ROAD
CHIPLEY, FL 32428 US**



04032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUDD, JIM
1029 PIONEER RD
CHIPLEY, FL 32428**

**DO NOT WRITE
IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VO
ENFINGER, LARRY
722 CORBIN RD.
CHIPLEY, FL 32428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BARFIELD, TOD
1338 ORANGE HILL RD.
CHIPLEY, FL 32428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RUDD, JIM
1029 PIONEER RD
CHIPLEY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/25/06-80042-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Rudd
Jim Rudd

Date

Daytime Phone #

850-638-4739