

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90082 024 ****61.25

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DOCUMENT # 736535

1. Corporation Name

**FIRST BAPTIST CHURCH OAKLAND MANAGEMENT CORPORAT
ION, INC.**

Principal Place of Business

1025 JESSIE STREET
JACKSONVILLE FL 32206

Mailing Address

1025 JESSIE STREET
JACKSONVILLE FL 32206



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/04/1976

4. FEI Number

59-1695897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAILEY, C. B.
3324 RIBAUT SCENIC DRIVE
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name

C. B. Dailey

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

83

2572 Beautyberry Circle West

84 City

Jacksonville

85 Zip Code

FL 32246

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE

PD

NAME

DAILEY, C. B.

STREET ADDRESS

3324 RIBAUT SCENIC DR.

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

VD

NAME

ARMSTRONG, GERALD

STREET ADDRESS

5602 INTERNATIONAL DR.

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

TD

NAME

HOWELL, JAMES

STREET ADDRESS

3805 MARLO ST.

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

SD

NAME

SESSOMS, LORENZA

STREET ADDRESS

1689 TALL TREE DR E

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

D

NAME

MARTIN, ANDRE

STREET ADDRESS

1909 SHADOW RIDGE TR.

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

D

NAME

NORMAN, ERVIN

STREET ADDRESS

2437 BARRY DRIVE SOUTH

CITY-ST-ZIP

JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3/12/99 904-354-529

Date

Daytime Phone #

CR2E037 (11/98)