

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 736881**

1. Entity Name  
**CHARLIE CREEK FAITH BAPTIST CHURCH, INC.**



Principal Place of Business  
**6885 STATE RD 64E  
WAUCHULA, FL 33873 US**

Mailing Address  
**6885 STATE RD 64E  
WAUCHULA, FL 33873 US**

**DO NOT WRITE IN THIS SPACE**



02172007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0983262**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SOLES, J. RUSSELL  
619 MAUDE ROAD  
WAUCHULA, FL 33873**

**DO NOT WRITE  
IN THIS SPACE**

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. 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, 2007**

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  
**DS  
SOLES, J. RUSSELL  
619 MAUDE ROAD  
WAUCHULA, FL 33873**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TATUM, ALMA  
2451 EDGES DRIVE  
WAUCHULA, FL 33873**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BLAND, OPAL  
25 FOREST HILL COURT  
AVON PARK, FL 338254217**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OAKMAN, MARCILL  
1234 SPARROW RD  
ZOLFO SPRINGS, FL 33890**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000682948  
04/05/07-80023-020 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:**

*Marcill M. Oakman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #