

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 740224 (1)
1. Corporation Name
OAK AVENUE BAPTIST CHURCH, INC.



| | |
|--|---|
| Principal Place of Business 404 N. OAK AVENUE FLORAHOME FL 32140 | Mailing Address P.O. BOX 307 FLORAHOME FL 32140 |
|--|---|

3. Date Incorporated or Qualified
09/23/1977

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-2571531 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BLACK, RUTH
201 MORNINGSIDE DRIVE
FLORAHOME FL 32140**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 Ruth Black **Ruth Black** **15 April 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, RUTH | 1.2 NAME | |
| STREET ADDRESS | 201 MORNINGSIDE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME FL 32140-9628 | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRENCE, JOYCE O | 2.2 NAME | |
| STREET ADDRESS | 174 LAKE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME FL 32140 | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRICE, EARLENE | 3.2 NAME | |
| STREET ADDRESS | 407 N. IVY AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME FL 32140 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VANCE, BEULAH | 4.2 NAME | |
| STREET ADDRESS | 145 EASY STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME FL 32140 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARPER, RAYMON | 5.2 NAME | |
| STREET ADDRESS | 403 N PINE ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOSLEY, EARL | 6.2 NAME | |
| STREET ADDRESS | 321 LINWAY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLISTER FL | 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.

SIGNATURE: Ruth Black **Ruth Black** **15 April 1998**

CR2E037 (10/97)