

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740224

1. Entity Name

OAK AVENUE BAPTIST CHURCH, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90031 048 ****61.25

Principal Place of Business 404 N. OAK AVENUE FLORAHOME FL 32140	Mailing Address P.O. BOX 307 FLORAHOME FL 32140-0307
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DO NOT WRITE IN THIS SPACE

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 59-2571531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, RUTH
201 MORNINGSIDE DRIVE
FLORAHOME FL 32140

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BLACK, RUTH	
STREET ADDRESS	201 MORNINGSIDE DRIVE	
CITY-ST-ZIP	FLORAHOME FL 32140-9628	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRENCE, JOYCE O	
STREET ADDRESS	174 LAKE DRIVE	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRICE, EARLENE	
STREET ADDRESS	407 N. IVY AVENUE	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANCE, BEULAH	
STREET ADDRESS	145 EASY STREET	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, RAYMON	
STREET ADDRESS	403 N PINE ST.	
CITY-ST-ZIP	FLORAHOME FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSLEY, EARL	
STREET ADDRESS	321 LINWAY	
CITY-ST-ZIP	HOLLISTER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SOUTH BLACK RUTH BLACK 01/29/00 904-659-2294
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #