

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90073 049 \*\*\*\*61.25

**DOCUMENT # 740224**

1. Entity Name

**OAK AVENUE BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**404 N. OAK AVENUE  
 FLORAHOME FL 32140**

**P.O. BOX 307  
 FLORAHOME FL 32140**

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

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**  Delete  
 NAME **BLACK, RUTH**  
 STREET ADDRESS **201 MORNINGSIDE DRIVE**  
 CITY-ST-ZIP **FLORAHOME FL 32140-9628**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **FRENCE, JOYCE O**  
 STREET ADDRESS **174 LAKE DRIVE**  
 CITY-ST-ZIP **FLORAHOME FL 32140**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **PRICE, EARLENE**  
 STREET ADDRESS **407 N. IVY AVENUE**  
 CITY-ST-ZIP **FLORAHOME FL 32140**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **VANCE, BEULAH**  
 STREET ADDRESS **145 EASY STREET**  
 CITY-ST-ZIP **FLORAHOME FL 32140**

TITLE **D**  Change  Addition  
 NAME **Bobbie Harper**  
 STREET ADDRESS **403 N. Pine St.**  
 CITY-ST-ZIP **Florahome, FL 32140**

TITLE **D**  Delete  
 NAME **HARPER, RAYMON**  
 STREET ADDRESS **403 N PINE ST**  
 CITY-ST-ZIP **FLORAHOME FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BOSLEY, EARL**  
 STREET ADDRESS **321 LINWAY**  
 CITY-ST-ZIP **HOLLISTER FL**

TITLE  Change  Addition  
 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/4/2001**

Date

**904-659-2294**

Daytime Phone #

CR2E037 (10/00)