


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 030 ****61.25

| | | | | | |
|---|----------------------------------|---|--|---|---|
| DOCUMENT # 740224 | | | |  | |
| 1. Entity 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 | | |
| 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, RUTH | | | NAME | |
| STREET ADDRESS | 201 MORNINGSIDE DRIVE | | | STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME, FL 321409628 | | | CITY-ST-ZIP | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRENCE, JOYCE O | | | NAME | |
| STREET ADDRESS | 174 LAKE DRIVE | | | STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME, FL 32140 | | | CITY-ST-ZIP | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STURDIVANT, RUTH | | | NAME | |
| STREET ADDRESS | POB 115-159 TANNER SCHOOL BUS RD | | | STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME, FL 32140 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARPER, BOBBIE | | | NAME | |
| STREET ADDRESS | 403 N PINE ST | | | STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME, FL 32140 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARPER, RAYMON | | | NAME | |
| STREET ADDRESS | 403 N PINE ST | | | STREET ADDRESS | |
| CITY-ST-ZIP | FLORAHOME, FL | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOSLEY, EARL | | | NAME | |
| STREET ADDRESS | 321 LINWAY | | | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLISTER, FL | | | 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: <u>RUTH BLACK Ruth Black</u> <u>4-21-05</u> <u>386-6592294</u> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



04192005 Chg-NP CR2E037 (10/03)