

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		
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. 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: RUTH BLACK <i>Ruth Black</i>				4-21-05 386-6592294	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	