


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90062 025 \*\*\*\*61.25

<b>DOCUMENT # 740224</b> 1. Entity Name OAK AVENUE BAPTIST CHURCH, INC.	
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Principal Place of Business 404 N. OAK AVENUE FLORAHOME FL 32140	Mailing Address 404 N. OAK AVENUE FLORAHOME FL 32140
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-2571531	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BLACK, RUTH 201 MORNINGSIDE DRIVE FLORAHOME FL 32140	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	S BLACK, RUTH 201 MORNINGSIDE DRIVE FLORAHOME FL 32140-9628 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P FRENCE, JOYCE O 174 LAKE DRIVE FLORAHOME FL 32140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T <del>PRICE, EARLENE</del> 407 N. IVENTY AVE. FLORAHOME FL 32140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D HARPER, BOBBIE 403 N PINE ST FLORAHOME FL 32140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D HARPER, RAYMON 403 N PINE ST FLORAHOME FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D BOSLEY, EARL 321 LINWAY HOLLISTER FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T Sturdivant, Ruth P. O. Box 115-Tanner School Bus Rd Florahome, Florida 32140 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Ruth Black* 02-07-07-386-659-2294