

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

DOCUMENT # 740224

1. Entity Name

OAK AVENUE BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

404 N. OAK AVENUE
FLORAHOME FL 32140

404 N. OAK AVENUE
FLORAHOME FL 32140

2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)



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

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

(NOTE: Registered Agent signature required when transferring)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS PRICE, EARLENE
CITY ST ZIP 407 N. IVORY AVE.
FLORAHOME FL 32140

TITLE ☐ Change ☐ Addition
NAME T
STREET ADDRESS Sturdivant, Ruth
CITY ST ZIP P. O. Box 115-Tanner School Bus Rd
Florahome, Florida 32140

TITLE ☐ Delete
NAME D
STREET ADDRESS HARPER, BOBBIE
CITY ST ZIP 403 N PINE ST
FLORAHOME FL 32140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BOSLEY, EARL
CITY ST ZIP 321 LINWAY
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 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