


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90067 048 ****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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2571531** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: RUTH BLACK REQUESTED Black 03-29-03 386-659-2294

CR2E037 (10/02)