

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90073 038 \*\*\*\*70.00

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1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 740359</b>					
1. Entity Name <b>FIRST BAPTIST CHURCH OF OXFORD, FLORIDA, INC.</b>					
Principal Place of Business <b>4060 C.R. 108 P.O. BOX 5 OXFORD FL 34484 US</b>			Mailing Address <b>4060 C.R. 108 P.O. BOX 5 OXFORD FL 34484 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2250700</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAMPBELL, DONALD 5618 CR 44-A WILDWOOD FL 34785</b>			7. Name and Address of New Registered Agent Name <b>Mann Bailey</b> Street Address (P.O. Box Number is Not Acceptable) <b>3709 CR 214</b> <b>Oxford FL 34484</b> City <b>FL</b> 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 <i>Mann Bailey</i> DATE <b>1-31-05</b> <small>Signature, typed or printed name of registered agent, and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		<input checked="" type="checkbox"/> Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, MANN 3709 CR 214 OXFORD FL 34484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSS, DEARDRE 3668 CR 202 OXFORD FL 34484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TOMMY 3712 CR 202 OXFORD FL 34484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSEY, FELIX 2027 CR 232 WILDWOOD FL 34785 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: <i>Deardre A. Russ</i>			Date <b>3/3/05</b> Daytime Phone # <b>748-2392</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					