


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90008 015 ****61.25

DOCUMENT # 742118 1. Entity Name ORANGE BLOSSOM BAPTIST ASSOCIATION, INC.	
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Principal Place of Business 2699 NORTH AMARYLLIS ROAD AVON PARK, FL 33825 US	Mailing Address 2699 NORTH AMARYLLIS ROAD AVON PARK, FL 33825 US
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DO NOT WRITE IN THIS SPACE

40006062



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6174978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUCKLAND, GAYLON D REV
4131 DURANGO AVENUE
SEBRING, FL 33872**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC BAREFIELD, JANICE 4605 PALM DR 1611 N. Palm Dr. AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILMORE, MARY O. 208 S 11TH AVE. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKHART, DR GEORGE Bland, Rev. James L. 700 W PLEASANT ST 25 Forest Hill Court AVON PARK, FL 33825 Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, MIKE W REV Geren, Rev. Kenneth H. 716 SPRING LAKE BLVD 920 Memorial Dr. SEBRING, FL 33876 Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mary O. Gilmore **1-15-08** **863-773-3817**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #