

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90070 037 \*\*\*\*61.25

<b>DOCUMENT # 754275</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF OAKLAND LOCAL DEVELOPMENT COMPANY, INCORPORATED</b>					
Principal Place of Business <b>FBC LOCAL DEVELOPMENT, INC. 1027 JESSIE STREET JACKSONVILLE, FL 32206-5714</b>			Mailing Address <b>FBC LOCAL DEVELOPMENT, INC. 1027 JESSIE STREET JACKSONVILLE, FL 32206-5714</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>DAILEY, CHARLES B REV 2572 BEAUTYBERRY CIR. WEST JACKSONVILLE, FL 32246</b>				7. Name and Address of New Registered Agent Name <b>Reese Marshall Attorney at Law</b> Street Address (P.O. Box Number is Not Acceptable) <b>1025 Jessie Street</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32206</b>	
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  DATE <b>4/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<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	<b>PD DAILEY, CHARLES 1027 JESSIE ST. JACKSONVILLE, FL</b> <input checked="" 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	<b>VD NORMAN, EARVIN 2437 BARRY DR. SOUTH JACKSONVILLE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ervin Norman</b> <i>To correct Name</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOHNSON, JESSE 6614 ECTOR PL JACKSONVILLE, FL</b> <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	<b>D JONES, HERMAN 2188 W. 30TH ST. JACKSONVILLE, FL</b> <input checked="" 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	<b>TD HOWELL, JAMES 3805 MARLO ST. JACKSONVILLE, FL</b> <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	<b>D WARREN, CLEVE 10543 ARROWHEAD CT JACKSONVILLE, FL</b> <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:  <b>Head Trustee</b> <b>4/26/05</b> <b>(904) 655-3039</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					