2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 756690

1. Entity Name
WILLOW OAK BAPTIST CHURCH, INC.

Principal Place of Business

3390 WILLOW OAK RD P O BOX 466 MULBERRY, FL 33860 Mailing Address

3390 WILLOW OAK RD P O BOX 466 MULBERRY, FL 33860-0466

FILED Feb 23, 2004 8:00 am Secretary of State

02-23-2004 90018 033 ****61.25



DO NOT WRITE IN THIS SPACE

01102004 No Chg-NP CI

CR2E037 (10/03)

FEI Number
 59-2369638

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, J T PIERCE ROAD MULBERRY, FL 33860

DO NOT WRITE IN THIS SPACE

	<u> </u>			
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 nother of requisitered agent and 11th if applicable. (INOTE: Registered Agent signature required when constituting) DATE				
:	Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Finance Trust Fund Contribution.	cing \$5.00 M		
10.	OFFICERS AND DIRECTORS	11. Addite	ON S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, J T BLUFF RD. MULBERRY, FL	Title Name	Di Lin	rector da I. Bammann 10 Turner Rd. berry, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, CARL M. 3465 JAMIE ST. MULBERRY, FL	maure 33	Mul	berry, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, JACK JR. 4040 CYPRESS DR. MULBERRY, FL		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLOAN, WILLIAM J. 4070 WALYN DR. MULBERRY, FL		IN	THIS SPACE
TITLE KAME STREET ADDRESS CITY-ST-ZIP	D SAPP, WILLIAM 3290 LIMATTI LANE MULBERRY, FL 33860			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SLOAN, JACKIE H. 4070 WALYN DR. MULBERRY, FL			
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.				