

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90029 016 ****61.25

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2369638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

JONES, J T
PIERCE ROAD
MULBERRY FL 33860

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	JONES, J T	
STREET ADDRESS	BLUFF RD.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLS, CARL M.	
STREET ADDRESS	3465 JAMIE ST.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, JACK JR.	
STREET ADDRESS	4040 CYPRESS DR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SLOAN, WILLIAM J.	
STREET ADDRESS	4070 WALYN DR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPP, WILLIAM	
STREET ADDRESS	3290 LIMATTI LANE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SLOAN, JACKIE H.	
STREET ADDRESS	4070 WALYN DR.	
CITY-ST-ZIP	MULBERRY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bammann, Linda J.	
STREET ADDRESS	4340 Turner Rd.	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Browning, James S.	
STREET ADDRESS	8706 N. Carey Road	
CITY-ST-ZIP	Lithia, FL 33547	
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 exemptions contained in Section 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:

Jackie H. Sloan Jackie H. Sloan

3/19/07

863-425-1427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #