FILE NOW: FILING FEE IS $61.25

FILED
Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765209** **(2)**

1. Corporation Name

OAK FOREST BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
84 KNIGHT BOXX RD ORANGE PARK FL 32065 US	84 KNIGHT BOXX RD ORANGE PARK FL 32065-7327 US

3. Date Incorporated or Qualified: 09/28/1982
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business	2a. Mailing Address
21	26 84 Knight Boxx Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 (No P.O. Box #)
City & State 23	City & State 28 Orange Park, Fl.
Zip 24 / Country 25	Zip 29 32065 / Country 30

4. FEI Number: 59-2513785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, CHARLES W
91 COKESBURY CT
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	STr	☐ Change ☒ Addition
NAME	PRICE, CHARLES W		1.2 NAME	Williams, Charles Jr.	
STREET ADDRESS	91 COKESBURY CT.		1.3 STREET ADDRESS	26 Mink Ave.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP	Middleburg, Fl.	
TITLE	TD	☐ DELETE	2.1 TITLE	Tr	☐ Change ☒ Addition
NAME	SALISBURY, ROBERT G		2.2 NAME	Williams, Charles Sr.	
STREET ADDRESS	4018 MUSTANG RD.		2.3 STREET ADDRESS	6 N. Oakridge Ave.	
CITY-ST-ZIP	MIDDLEBURG FL		2.4 CITY-ST-ZIP	Green Cove Springs, Fl.	
TITLE	VD	☐ DELETE	3.1 TITLE	Tr	☐ Change ☒ Addition
NAME	BARKSDALE, B. GERALD		3.2 NAME	Doan, Thomas Sr.	
STREET ADDRESS	1610 RIVERS RD.		3.3 STREET ADDRESS	P.O. Box 863	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP	Green Cove Springs, Fl.	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TANNER, CHARLES E		4.2 NAME		
STREET ADDRESS	2393 DEER PARK BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	METHENY, RICHARD		5.2 NAME		
STREET ADDRESS	1070 BRANAN FIELD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PAINTER, DEWEY E		6.2 NAME		
STREET ADDRESS	7840 FAWN OAKS CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-7-97 904-272-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000865