


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765209
 1. Corporation Name
OAK FOREST BAPTIST CHURCH, INC.

Principal Place of Business 84 KNIGHT BOXX RD ORANGE PARK ORANGE PARK FL 32065 US	Mailing Address 84 KNIGHT BOXX RD. ORANGE PARK ORANGE PARK FL 32065 US
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2. Principal Place of Business 21 84 Knight Boxx Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 84 Knight Boxx Rd. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/28/1982
22 City & State 23 Orange Park, Fl.	27 City & State 28 Orange Park, Fl.	4. FEI Number 59-2513785
24 32065	25 Country 29 32065	30 Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CHARLES W	1.2 NAME	
STREET ADDRESS	91 COKESBURY CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALISBURY, ROBERT G	2.2 NAME	
STREET ADDRESS	4018 MUSTANG RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKSDALE, B. GERALD	3.2 NAME	
STREET ADDRESS	1610 RIVERS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHARLES JR.	4.2 NAME	
STREET ADDRESS	26 MINK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	ST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHARLES SR.	6.2 NAME	
STREET ADDRESS	6 N OAKRIDGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE: W. Williams **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E037 (11/98)