

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90050 050 ****61.25

DOCUMENT # 765209

1. Entity Name

OAK FOREST BAPTIST CHURCH, INC.



Principal Place of Business

**84 KNIGHT BOXX RD
ORANGE PARK FL 32065
US**

Mailing Address

**84 KNIGHT BOXX RD.
ORANGE PARK FL 32065
US**

50012551



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2513785

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRO, ROBERT
8261 YOLANDA CT
JACKSONVILLE FL 32210**

Name

Street Address (P.O. Box Number is Not Acceptable)

2835 Tuscarora Trail

City

Middleburg,

FL

Zip Code

32068

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**APD
MORRO, ROBERT
8261 YOLANDA CT
JACKSONVILLE FL 32210**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
SALISBURY, ROBERT G
4018 MUSTANG RD.
MIDDLEBURG FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
METHENY, RICHARD
1070 BRANAN FIELD ROAD
MIDDLEBURG FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**2835 Tuscarora Tr.
Middleburg, Fl. 32068**

TITLE
NAME
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☐ Change ☐ Addition

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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: Robert Salisbury Treas. Robert Salisbury **2/3/05 904-272-6788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #