

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

1/ **FILED**
Feb 10, 2005 8:00 am
Secretary of State

01-18-2005 90028 005 ****70.00

DOCUMENT # N01000003658 1. Entity Name OAKLEAF BAPTIST CHURCH, INC.	
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Principal Place of Business 1980 WELLS ROAD UNIT 2 ORANGE PARK, FL 32073	Mailing Address 1980 WELLS ROAD UNIT 2 ORANGE PARK, FL 32073
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66001583



DO NOT WRITE IN THIS SPACE

01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3629081	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALL, ROBERT D 1980 WELLS ROAD UNIT 2 ORANGE PARK, FL 32073	DO NOT WRITE IN THIS SPACE
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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 *Robert D. Ball* *ROBERT D. BALL* *JAN 12, 2005*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, WILLIAM A 4603 TUNIS ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMS, MARION ALAN 8536 ALDERWOOD CT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CARL G 6746 SHINDLER DR JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICK, RANDALL G 12765 BURNING TREES LN W JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>BALL, ROBERT D.</i> <i>2430 STOCKTON DR.</i> <i>GREEN COVE SPRINGS, FL 32043</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 D. Ball* *ROBERT D. BALL* *JAN 12, 2005* *(904) 213-9894*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone