

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90015 040 \*\*\*\*61.25

<b>DOCUMENT # N01000003658</b> 1. Entity Name <b>OAKLEAF BAPTIST CHURCH, INC.</b>			
Principal Place of Business <b>1980 WELLS ROAD UNIT 2 ORANGE PARK, FL 32073</b>		Mailing Address <b>1980 WELLS ROAD UNIT 2 ORANGE PARK, FL 32073</b>	
2. Principal Place of Business <b>800 Oakleaf Plantation Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>800 Oakleaf Plantation Parkway</b> Suite, Apt. #, etc.	
City & State <b>Orange Park, FL</b> Zip <b>32065</b>		City & State <b>Orange Park, FL</b> Zip <b>32065</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3629081</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BALL, ROBERT D 1980 WELLS ROAD UNIT 2 ORANGE PARK, FL 32073</b>		7. Name and Address of New Registered Agent Name <b>Robert D. Ball</b> Street Address (P.O. Box Number is Not Acceptable) <b>2430 Stockton Drive</b> City <b>Green Cove Springs</b> <b>FL</b> Zip Code <b>32043</b>	
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 <u><i>Robert D. Ball</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>01/29/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, WILLIAM A 4603 TUNIS ST JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMS, MARION ALAN 8536 ALDERWOOD CT JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CARL G 6746 SHINDLER DR JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICK, RANDALL G 12765 BURNING TREES LN W JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, ROBERT D 2430 STORTA DRIVE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, ROBERT D 2430 STORTA DRIVE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Robert D. Ball</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>01/29/06</u> Daytime Phone # <u>904-214-9066</u>	