

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # N01000003658

1. Entity Name
OAKLEAF BAPTIST CHURCH, INC.



Principal Place of Business
**800 OAK LEAF PLANTATION PKWY
ORANGE PARK, FL 32065**

Mailing Address
**800 OAK LEAF PLANTATION PKWY
ORANGE PARK, FL 32065**



03082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
2430 STOCKTON DR
GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	D BALL, ROBERT D 2430 STOCKTON DR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000667729
03/27/07-80002-001 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert D. Ball **Robert D. Ball** 3-9-07 904 214-9066