

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 APR 24 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006896

1. Entity Name

Mighty Oak Nonprofit, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
806 W Columbus Dr

3. Mailing Address  
806 W Columbus Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
59-3751890

Applied For  
Not Applicable

Zip  
33602

Country  
USA

Zip  
33602

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John M. Baker

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

806 W Columbus Drive

City Tampa, FL Zip Code 33602

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.

SIGNATURE

*John M. Baker*

4 23 02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE Pres., Secretary, Treasurer  
NAME William D. Dabney  
STREET ADDRESS 1050 Winsor Ave  
CITY-ST-ZIP Piedmont, CA 94610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400005338524--7  
-04/25/02--01006--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE Director  
NAME William D. Dabney  
STREET ADDRESS 1050 Winsor Ave  
CITY-ST-ZIP Piedmont, CA 94610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director  
NAME John M. Baker  
STREET ADDRESS 806 W Columbus Dr  
CITY-ST-ZIP Tampa FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director  
NAME Guillermo Corsa  
STREET ADDRESS 9501 W Cluster Ave  
CITY-ST-ZIP Tampa FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other like employed.

SIGNATURE:

*John M. Baker*

4/23/02 813-309-9988

CR2E037B (12/01)