2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000006896

1. Entity Name
MIGHTY OAK NONPROFIT, INC.

Principal Place of Business

806 W. COLUMBUS DR.
TAMPA, FL 33602

Mailing Address

806 W. COLUMBUS DR.
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3751890	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, JOHN M
806 W. COLUMBUS DR.
TAMPA, FL 33602

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)

7/10/05
DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DABNEY, WILLIAM D
STREET ADDRESS	1050 WINSOR AVE.
CITY-ST-ZIP	PIEDMONT, CA 94610

TITLE	D
NAME	BAKER, JOHN M
STREET ADDRESS	806 W. COLUMBUS DR.
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	D
NAME	CORSA, GUILLERMO
STREET ADDRESS	9501 W. CLUSTER AVE.
CITY-ST-ZIP	TAMPA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/05
Date

813-309-9988
Daytime Phone #