2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N01463

1. Entity Name
OAKLAND PRESBYTERIAN CHURCH

Principal Place of Business	Mailing Address
218 E OAKLAND AVENUE OAKLAND, FL 34760	800 S. DILLARD ST. P. O. BOX 514 WINTER GARDEN, FL 34787-3910

02012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-0806974

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEREK J. BLAKESLEE
800 S. DILLARD ST.
P O BOX 770514
WINTER GARDEN, FL 34777

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STANFORD, DAVID J
STREET ADDRESS	190 TEMPLE GROVE DR
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	TD
NAME	BLAKESLEE, DEREK
STREET ADDRESS	800 S. DILLARD ST.
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	PD
NAME	DAVIS, MARTIN
STREET ADDRESS	17517 DEER ISLAND CIRCLE
CITY-ST-ZIP	KILLARNEY, FL 34740
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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02/15/05-80022-006 61.25

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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: _____ Derek J. Blakeslee 2/1/05 407-656-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #