

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008341**

1. Entity Name  
**OAKFIELD UNION MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business

**459 HANCOCK LANE  
PENSACOLA, FL 32503**

Mailing Address

**735 BERKLEY DRIVE  
PENSACOLA, FL 32503**



08242005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**38-3662941**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**REEVES, JACK  
735 BERKLEY DRIVE  
PENSACOLA, FL 32503**

**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 September 7, 2005**

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  
**P  
REEVES, JACK  
735 BERKLEY DRIVE  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GILLARD, WILLIAM  
1611 EAST HAYES ST  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BLANKENSHIP, SHEILA  
550 EAST JOHNSON AVE  
PENSACOLA, FL 32514**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000377516  
09/01/05-80001-012 61.25

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 of this report.

*William Gillard*

*99A4305*