2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008341

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

Principal Place of Business	Mailing Address
459 HANCOCK LANE PENSACOLA, FL 32503	735 BERKLEY DRIVE PENSACOLA, FL 32503

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03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
38-3662941
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REEVES, JACK
735 BERKLEY DRIVE
PENSACOLA, FL 32503

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REEVES, JACK
STREET ADDRESS	735 BERKLEY DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	S
NAME	GILLARD, WILLIAM
STREET ADDRESS	1611 EAST HAYES ST
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	T
NAME	BLANKENSHIP, SHEILA
STREET ADDRESS	550 EAST JOHNSON AVE
CITY-ST-ZIP	PENSACOLA, FL 32514
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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04/25/06-80073-009 61.25

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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: William Gillard, William Gillard, Secretary 6 Apr 06 (850) 434-5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #