## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Sep 04, 2003 8:00 am Secretary of State DOCUMENT # N02000008341 09-04-2003 90062 005 \*\*\*\*61.25 OAKFIELD UNION MISSIONARY BAPTIST CHURCH, INC. Mailing Address 459 HANCOCK LANE 735 BERKLEY DRIVE PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES FEI Number City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional Fee Required .6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REEVES, JACK Street Address (P.O. Box Number is Not Acceptable) 735 BERKLEY DRIVE PENSACOLA FL 32503 City Zip Code 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. SIGNATUŔE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10.55 OFFICERS AND DIRECTORS 11. (4/03)TITLE yesident-☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME illiam Gillard NAME STREET ADDRESS STREET ADDRESS East Hayes CITY-ST-ZIP CITY ST-ZIP. nsccola, Pu Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME Shelia Blankensh, P STREET ADDRESS STREET ADDRESS 550 Gast Johnson Ava CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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CITY-ST-ZIP

SIGNATURE: William William Gillard) Several Aus 31, 203 (850) 474-