

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

01-30-2004 90072 038 ****70.00

DOCUMENT # N03000008068					
1. Entity Name OCEANSIDE BAPTIST CHURCH, INC.					
Principal Place of Business 4750 N. FEDERAL HWY. <i>SUITE 100</i> FT. LAUDERDALE, FL 33308			Mailing Address 4750 N. FEDERAL HWY. <i>Suite</i> FT. LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282004 Chg-NP CR2E037 (10/03)	
4. FEI Number <i>510 483393</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAW, BILL R 4750 N. FEDERAL HWY. <i>-SUITE 100</i> FT. LAUDERDALE, FL 33308			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRING, THOMAS R 4800 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIBAUT, JOHN T 919 NE 34TH ST. OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, MICHAEL 750 NW 40TH ST. OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Thomas R. Spring</i> <i>1-28-04 (954) 772-4326</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					

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Division of Corporations

Annual Report

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Document Number

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Business Entity Name

OCEANSIDE BAPTIST CHURCH, INC.

FEI Number

510483393

FEI Number Status

☒ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

4750 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 100

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33308

Mailing Address

Address

4750 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 100

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33308

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SHAW

BILL

R

-or- RA Business Name

Address

4750 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 100

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33308

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachment

66401561

#N03000008068



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

February 3, 2004

OCEANSIDE BAPTIST CHURCH, INC.
4750 N. FEDERAL HWY.
FT. LAUDERDALE, FL 33308

Subject: OCEANSIDE BAPTIST CHURCH, INC.

Reference Number: N03000008068

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS

ANNUAL REPORTS SECTION