



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90326 028 \*\*\*\*70.00

<b>DOCUMENT # N06000005826</b>					
<b>1. Entity Name</b> OAK SPRINGS MISSION CHURCH INC.					
<b>Principal Place of Business</b> 12 HIGHLAND STREET SORRENTO, FL 32776			<b>Mailing Address</b> 12 HIGHLAND STREET SORRENTO, FL 32776		
<b>2. Principal Place of Business - No P.O. Box #</b> 12 Highland Street		<b>3. Mailing Address</b> 89 Hillsborough Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> Sorrento FL		<b>City &amp; State</b> Sorrento Florida		<b>4. FEI Number</b> 74-3180079	
<b>Zip</b> 32776		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MANNING, ROY E 89 HILLSBROUGH DRIVE SORRENTO, FL 32776			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <u>Roy E. Manning IPA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-11-2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> Secretary <b>NAME</b> John Hoffman <b>STREET ADDRESS</b> 18 Madison Drive <b>CITY-ST-ZIP</b> Sorrento FL 32776	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Pat Dadda <b>STREET ADDRESS</b> 9 De Soto Dr <b>CITY-ST-ZIP</b> Sorrento FL 32776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> President <b>NAME</b> Roy E Manning <b>STREET ADDRESS</b> 89 Hillsborough Dr <b>CITY-ST-ZIP</b> Sorrento FL 32776	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> Treasurer <b>NAME</b> Geraldine P. Manning <b>STREET ADDRESS</b> 89 Hillsborough Dr <b>CITY-ST-ZIP</b> Sorrento FL 32776	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Roy E. Manning</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-11-2007</u> DAYTIME PHONE # <u>407-557-4158</u>		