## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20590

FILED Mar 14, 2007 Secretary of State

Entity Name: OAKVIEW BAPTIST CHURCH OF OKEECHOBEE, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
677 SW 32 OKEECHO	2ND ST DBEE, FL 34974	
Current Mailing Address:		New Mailing Address:
677 SW 32 OKEECHO	2ND ST DBEE, FL 34974	
FEI Number:	: 59-2806454 FEI Number Applied For() FEI I	Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BARTLETT, WILLIAM PO BOX 967 OKEECHOBEE, FL 34973 US		BARTLETT, WILLIAM 603 SW 10TH AVE OKEECHOBEE, FL 34974 US
	e named entity submits this statement for the purpose e of Florida.	e of changing its registered office or registered agent, or both,
SIGNATU	RE:	03/14/2007
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( ) Delete BOGGS, DAN 3885 S.W. 11 AVE OKEECHOBEE, FL 349746022	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete WILLIAMS, KEVIN 1301 SW 83RD AVE OKEECHOBEE, FL 349743333	Title: D (X) Change ( ) Addition Name: SLATE, MARK Address: 325 SE 36TH TERRACE City-St-Zip: OKEECHOBEE, FL 349743333
Title: Name: Address: City-St-Zip:	S () Delete NOONAN, KENNA 802 S.E. 9 COURT OKEECHOBEE, FL 349745342	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete GRIGSBY, CAROLYN (PO BOX 1230) 747 SW 48TH AVE OKEECHOBEE, FL 349731230	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete LAWRENCE, HEATH PO BOX 1044 (120 NW 138 ST) OKEECHOBEE, FL 349731044	Title: D (X) Change ( ) Addition Name: STRATTON, JIMBO Address: 1100 SW 28TH AVE City-St-Zip: OKEECHOBEE, FL 34974
Title: Name: Address: City-St-Zip:	D (X) Delete CHANDLER, NOEL 1007 SW 6TH AVE OKEECHOBEE, FL 349745024	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BARTLETT RA 03/14/2007