

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36348**

1. Entity Name  
**OAK PARK BAPTIST CHURCH OF TAMPA, INC.**



Principal Place of Business  
**4901 E 10TH AVE.  
TAMPA, FL 33605**

Mailing Address  
**4901 E 10TH AVE.  
TAMPA, FL 33605**



03202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2990268**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VAUGHN, BRUCE E  
2006 49TH STREET  
TAMPA, FL 33605**

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IN THIS SPACE**

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000324758  
04/22/05-80103-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHADWICK, GARY 4202 12TH AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARN, ALTON E. J 4405 12TH AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARN, CATHY 4405 12TH AVE. TAMPA, FL
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Cathy Harn* **Cathy Harn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-05** **813 247-3744**  
Date Daytime Phone #