



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N36348</b> 1. Entity Name OAK PARK BAPTIST CHURCH OF TAMPA, INC.	
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Principal Place of Business 4901 E 10TH AVE. TAMPA, FL 33605	Mailing Address 4901 E 10TH AVE. TAMPA, FL 33605
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2990268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000725373 05/03/07-80044-014 61.25
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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 12TG 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	
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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 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.

**SIGNATURE:** Cathy J. Harn Cathy J. Harn 4-15-07 813249-3744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #