

FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 009 ****61.25

DOCUMENT # N38061

1. Entity Name
FOUR OAKS COMMUNITY CHURCH, INC.



Principal Place of Business
**C/O LARRY SHINGLER
3361 RAYMOND DIEHL BUSINESS LANE
TALLAHASSEE, FL 32308 US**

Mailing Address
**3361 RAYMOND DIEHL BUSINESS LANE
TALLAHASSEE, FL 32308 US**

900000000



01292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-3036005		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHINGLER, LARRY 8243 CHICKASAW TRL. TALLAHASSEE, FL 32312				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARTON, GLENN TREASUR			NAME			
STREET ADDRESS	2472 COMPTON CT			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHINGLER, LARRY CEO			NAME			
STREET ADDRESS	8243 CHICKASAW TRL.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, SKIP			NAME			
STREET ADDRESS	2011 GLENNRIDGE DR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	DAVID NUGUES		
STREET ADDRESS				STREET ADDRESS	2433 SILVER PALM LN.		
CITY-ST-ZIP				CITY-ST-ZIP	TALLAHASSEE, FL 32309		
TITLE		<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	KATHY ROBINSON		
STREET ADDRESS				STREET ADDRESS	731 VIOLET ST.		
CITY-ST-ZIP				CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

Larry M. Shingler
LARRY M. SHINGLER

1/29/07 850-385-0004
Date Daytime Phone #