

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

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**



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3036005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHINGLER, LARRY
8243 CHICKASAW TRL.
TALLAHASSEE, FL 32312**

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**U00000862979
04/03/08-80072-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SHINGLER, LARRY CEO 8243 CHICKASAW TRL. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUGHES, DAVID 2433 SILVER PALM LN TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBINSON, KATHY 731 VIOLET ST TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/08 850-395-0004

Date

Daytime Phone #