

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 028 ****61.25

DOCUMENT # N96000005860

1. Corporation Name

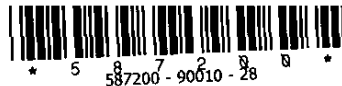
OAKWOOD CHURCH, INC.

Principal Place of Business

1900 HOWELL BRANCH ROAD #5
WINTER PARK FL 32792

Mailing Address

1900 HOWELL BRANCH ROAD #5
WINTER PARK FL 32792



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3414578	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ERB, JAMES L REV. 1900 HOWELL BRANCH ROAD #5 WINTER PARK FL 32792				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERB, JAMES L REV.	1.2 NAME	Van Dyke, Terry
STREET ADDRESS	1900 HOWELL BRANCH ROAD #5	1.3 STREET ADDRESS	2425 Palm Creek Avenue
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, MICHAEL	2.2 NAME	
STREET ADDRESS	3443 FOX HOLOW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGRANDE, LARRY	3.2 NAME	
STREET ADDRESS	13607 DORNOCH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, J DOUGLAS	4.2 NAME	
STREET ADDRESS	801 MORROCO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, MARK	5.2 NAME	
STREET ADDRESS	11002 FELTON COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

7-2-99

407-678-5299