

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # N97000006144 (6)

1. Corporation Name

OAKRIDGE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

KERSEY ROAD
LACOOCHEE FL 33537

P.O. BOX 284
LACOOCHEE FL 33537

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

59-3528085

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

25

Country

26

Country

27

Country

28

Country

29

Country

30

Country

31

Country

32

Country

33

Country

34

Country

35

Country

36

Country

37

Country

38

Country

39

Country

40

Country

41

Country

42

Country

43

Country

44

Country

45

Country

46

Country

47

Country

48

Country

9. Name and Address of Current Registered Agent

STRICKLAND, MARVIN
22276 WEST LOOP RD.
GROVELAND FL 34636

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME STRICKLAND, MARVIN
STREET ADDRESS 22276 WEST COOP RD.
CITY-ST-ZIP GROVELAND FL 34636

TITLE D ☐ DELETE

NAME WRIGHT, RUSSELL E
STREET ADDRESS 20822 LONG ACRE DR.
CITY-ST-ZIP TRILBY FL

TITLE D ☐ DELETE

NAME DEWEY, MARION A
STREET ADDRESS 40231 GOLD ROAD
CITY-ST-ZIP LACOOCHEE FL

TITLE D ☐ DELETE

NAME HINES, H
STREET ADDRESS HINES ROAD
CITY-ST-ZIP LACOOCHEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Marvin Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Strickland

Date

July 20, 1998
Daytime Phone #

CR2E037 (5/98)