

DEPARTMENT OF STATE FILING FEE IS \$61.25

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90022 010 *****61.25

1999 Non-Profit
Corp. Annual Report

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

DOCUMENT # N97000006144

1. Corporation Name

OAKRIDGE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

KERSEY ROAD
LACOOCHEE FL 33537

Mailing Address

P.O. BOX 284
LACOOCHEE FL 33537



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

59-3528085

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Marvin Strickland

1/25/99

789-3510

Daytime Phone #