

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90025 009 \*\*\*\*61.25

**DOCUMENT # N97000006144**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3528085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, MARVIN  
22276 WEST LOOP RD.  
GROVELAND FL 34636

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE ☐ Delete  
NAME STRICKLAND, MARVIN  
STREET ADDRESS 22276 W. LOOP RD.  
CITY-ST-ZIP GROVELAND FL 34636

TITLE ☐ Delete  
NAME WRIGHT, RUSSELL E  
STREET ADDRESS 20822 LO W. GROVE RD.  
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ Delete  
NAME DEWEY, MARION A  
STREET ADDRESS 40231 COIT RD.  
CITY-ST-ZIP LACOOCHEE FL 33537

TITLE ☐ Delete  
NAME HILES, WOODROW E  
STREET ADDRESS PO BOX 424  
CITY-ST-ZIP LACOOCHEE FL 33537

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME HILES, WOODROW E.  
STREET ADDRESS P.O. BOX 424  
CITY-ST-ZIP LACOOCHEE, FL 33537

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: *Woodrow E. Hiles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-04 352-583-3591

Date Daytime Phone #