

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

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000006144**

**1. Entity Name**  
**OAKRIDGE MISSIONARY BAPTIST CHURCH, INC.**



**Principal Place of Business**  
**KERSEY ROAD**  
**LACOOCHEE, FL 33537**

**Mailing Address**  
**PO BOX 234**  
**LACOOCHEE, FL 33537**



01172008 No Chg-NP

CR2E037 (4/06)

**4. FEI Number**  
**59-3528085**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STRICKLAND, MARVIN**  
**22276 WEST LOOP RD.**  
**GROVELAND, FL 34636**

**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**

*Rev. Marvin Strickland*

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**

U00000866994

04/08/08-80051-022 61.25

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**D**  
**STRICKLAND, MARVIN**  
**22276 W. LOOP RD.**  
**GROVELAND, FL 34736**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**D**  
**WRIGHT, RUSSELL E**  
**20822 LONG ACRE DR**  
**DADE CITY, FL 33523**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**D**  
**DEWEY, MARION A**  
**PO BOX 492**  
**LACOOCHEE, FL 33537**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**D**  
**HINES, WOODROW E**  
**39707 COIT RD**  
**DADE CITY, FL 33523**

**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 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.**

*Rev. Marvin Strickland*

2-27-08