2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N97000006144

Entity Name: OAKRIDGE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

KERSEY ROAD
LACOOCHEE, FL 33537

New Principal Place of Business:

Current Mailing Address:

PO BOX 234
LACOOCHEE, FL 33537

New Mailing Address:

FEI Number: 59-3528085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	STRICKLAND, MARVIN	
Address:	22276 W. LOOP RD.	
City-St-Zip:	GROVELAND, FL 34736	
Title:	D	( ) Delete
Name:	WRIGHT, RUSSELL E	
Address:	20822 LONG ACRE DR	
City-St-Zip:	DADE CITY, FL 33523	
Title:	D	( ) Delete
Name:	DEWEY, MARION A	
Address:	PO BOX 492	
City-St-Zip:	LACOOCHEE, FL 33537	
Title:	D	( ) Delete
Name:	HINES, WOODROW E	
Address:	39707 COIT RD	
City-St-Zip:	DADE CITY, FL 33523	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET A. HINES T 01/19/2009

Electronic Signature of Signing Officer or Director — Date