

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90164 003 \*\*\*\*70.00

**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

7. Name and Address of New Registered Agent

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>STRICKLAND, MARVIN</b>	<b>22276 WEST LOOP RD. GROVELAND FL 34636</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>22276 West Loop Rd.</b>		
<input type="checkbox"/> Delete	<b>D</b>	<b>WRIGHT, RUSSELL E</b>	<b>20822 LONG ACRE DR. TRILBY FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>20822 Long Acre Dr.</b>		
<input type="checkbox"/> Delete	<b>D</b>	<b>DEWEY, MARION A</b>	<b>40231 GOLD ROAD LACOOCHEE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>40231 Coit Rd.</b>		
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>HINES, H</b>	<b>HINES ROAD LACOOCHEE FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Woodrow E. Hines</b>		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P.O. Box 424 Coit Rd.</b>		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Lacoochee FL 33537</b>		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E037 (10/02)

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: **SIGNATURE REQUIRED**

**1-13-2003 (352) 989-3510**