

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N98000001802**

1. Corporation Name

OAKS COMMUNITY CHURCH, INC.

Principal Place of Business
**9809 CLEAR LAKE CIRCLE
NAPLES FL 34109**

Mailing Address
**9809 CLEAR LAKE CIRCLE
NAPLES FL 34109**

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 044 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/26/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3502302	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**CARKHUFF, WALDO H
108 HISPANIOLA LANE
BONITA SPRINGS FL 34134**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jes Tarp	1.2 NAME	Richard Simmons
STREET ADDRESS	9967 Boca AVE N	1.3 STREET ADDRESS	9809 Clear Lake Circle
CITY-ST-ZIP	Naples, FL 34109	1.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	2.2 NAME	Becky Simmons
STREET ADDRESS	[REDACTED]	2.3 STREET ADDRESS	9809 Clear Lake Circle
CITY-ST-ZIP	[REDACTED]	2.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	3.2 NAME	BRAD Smith
STREET ADDRESS	[REDACTED]	3.3 STREET ADDRESS	3461 Bonita Bay Blvd Suite # 214
CITY-ST-ZIP	[REDACTED]	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	[REDACTED]	4.2 NAME	Dick Casto
STREET ADDRESS	[REDACTED]	4.3 STREET ADDRESS	24390 Woodsage Dr
CITY-ST-ZIP	[REDACTED]	4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	5.2 NAME	Robert DeKlaxon
STREET ADDRESS	[REDACTED]	5.3 STREET ADDRESS	17376 Lee Road
CITY-ST-ZIP	[REDACTED]	5.4 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	6.2 NAME	
STREET ADDRESS	[REDACTED]	6.3 STREET ADDRESS	
CITY-ST-ZIP	[REDACTED]	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 514-4201

0012255

CR2E037 (5/99)