

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

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000006716

1. Entity Name
ORANGE PARK GOSPEL LIGHT BAPTIST CHURCH, INC.



Principal Place of Business
384 LOGAN AVENUE
ORANGE PARK, FL 32065

Mailing Address
PO BOX 30025
DOCTORS INLET, FL 32030



02092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3539358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, LORENZO D PASTOR
2939 REINDEER COURT
MIDDLEBURG, FL 32068

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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 _____ 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 ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, LORENZO D
STREET ADDRESS	2939 REINDEER COURT
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	T
NAME	LYNN, KEITH
STREET ADDRESS	1800 PARK AVENUE #462
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	DS
NAME	MOORE, JERRIEDEAN H
STREET ADDRESS	2939 REINDEER COURT
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	MOORE, SUSIE
STREET ADDRESS	2851 KIOWA AVENUE
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	D
NAME	LYNN, MYLISSA
STREET ADDRESS	1800 PARK AVENUE #462
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/08-80002-006 61.25

**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-8 **904 549-9216**
Date Daytime Phone #