


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N99000004761 |  |
| 1. Entity Name OAK TREE COMMUNITY CHURCH, INC. | |

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| Principal Place of Business 712 ANDERSON ST MASCOTTE, FL 34753 | Mailing Address PO BOX 552 GROVELAND, FL 34736 |
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DO NOT WRITE IN THIS SPACE



02272005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3592561 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent THOMPSON, BRUCE E 9601 S HWY 33 GROVELAND, FL 34736 | 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. | |

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD THOMPSON, BRUCE E PO BOX 368 GROVELAND, FL 34736 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CALAHAN, SABRINA 16909 BAY AVE MONTVERDE, FL 34756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S THOMPSON, JILL 9601 S. HWY. 33 GROVELAND, FL 34736 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OJEDA, TONY 17436 PALM DRIVE MONTVERDE, FL 34756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELLA, AL 1441 WHOOPING DR GROVELAND, FL 34736 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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**DO NOT WRITE
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| 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: <u>Tony Ojeda</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>3/22/05</u> <small>Daytime Phone #</small> |