

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702360

**Entity Name:** OCEAN PARK SOUTHERN BAPTIST CHURCH INC

**FILED**  
**Jan 11, 2023**  
**Secretary of State**  
**0345872770CC**

**Current Principal Place of Business:**

OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 59-0952931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BENTON, LINDA  
OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
JACKSONVILLE BEACH, FL 32250 US

*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:** LINDA BENTON

01/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HATFIELD, JANE  
Address OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title TREASURER  
Name BENTON, LINDA  
Address OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title PASTOR  
Name PARTYKA, CHRISTIAN J. REV  
Address OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DEACON  
Name BURNS, MIKE  
Address OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title ELDER  
Name HUGHES, SCOTT  
Address OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title ELDER  
Name PHILLIPS, GIL  
Address OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DEACON  
Name PARTYKA, JIM  
Address OCEAN PARK SOUTHERN BAPTIST CHURCH  
402 16TH AVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA BENTON

TREASURER

01/11/2023

