

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 702360

Entity Name: OCEAN PARK SOUTHERN BAPTIST CHURCH INC

FILED
Feb 19, 2024
Secretary of State
1441564507CC

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:

WADE, JERRY
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: JERRY WADE

02/19/2024

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 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

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

Title DEACON
Name WADE, JERRY
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

02/19/2024

