

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 709501 (1)

1. Corporation Name  
OAKDALE BAPTIST CHURCH OF CRESTVIEW, INC.

95 JAN 27 PM 3: 59

Principal Place of Business: 1018 VALLEY RD. CRESTVIEW FL 32536  
Mailing Address: 1018 VALLEY RD. CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1965  
3a. Date of Last Report: 04/22/1994  
4. FEI Number: 05-0016102  
Applied For: Not Applicable

2. Principal Place of Business: 21  
2a. Mailing Address: 2a  
22. Suite, Apt. #, etc.: 22  
27. Suite, Apt. #, etc.: 27  
23. City & State: 23  
28. City & State: 28  
24. Zip: 32539, 25. Country: 25  
29. Zip: 29, 30. Country: 30

5. Certificate of Status Desired:  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
WILLIAMSON, DAVID F  
143 SALVADORE  
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	FOREHAND, MARY S
STREET ADDRESS	5277 GODFREY ST.
CITY-ST-ZIP	CRESTVIEW, FL 00000
TITLE	S
NAME	BRYAN, JANET
STREET ADDRESS	5741 WILDWOOD ROAD
CITY-ST-ZIP	CRESTVIEW, FL 00000
TITLE	D
NAME	FOREHAND, EDWARD
STREET ADDRESS	5277 GODFREY ST.
CITY-ST-ZIP	CRESTVIEW, FL 00000
TITLE	D
NAME	WILLIAMSON, DAVID F
STREET ADDRESS	143 SALVADORE
CITY-ST-ZIP	CRESTVIEW, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary S Forehand 1-18-95 904-682-2124  
Date: \_\_\_\_\_  
Signature of Officer or Director: \_\_\_\_\_  
System Name: \_\_\_\_\_