

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90009 028 ****61.25

DOCUMENT # 709501

1. Entity Name

OAKDALE BAPTIST CHURCH OF CRESTVIEW, INC.

Principal Place of Business

Mailing Address

1018 VALLEY RD.
 CRESTVIEW FL 32539
 US

1018 VALLEY RD.
 CRESTVIEW FL 32539-8933
 US

80017823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0016102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILLIS, TIMOTHY J
2591 VICTORIA PL
CRESTVIEW FL 32536

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD**
 STREET ADDRESS **FOREHAND, MARY S**
 CITY-ST-ZIP **5277 GODFREY ST. CRESTVIEW, FL 00000**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **BRYAN, JANET**
 CITY-ST-ZIP **5741 WILDWOOD ROAD CRESTVIEW, FL 00000**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **FOREHAND, EDWARD**
 CITY-ST-ZIP **5277 GODFREY ST. CRESTVIEW, FL 00000**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **WILLIS, TIMOTHY J**
 CITY-ST-ZIP **2591 VICTORIA PL CRESTVIEW, FL 00000**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Mary S Forehand* **MARY S FOREHAND** **1-30-00** **850-682-2124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #