


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # 732875 1. Entity Name OAKIE RIDGE BAPTIST CHURCH, INC. | | | |  | |
| Principal Place of Business ROUTE 1 BOX 222B 2971 GILBERT MILL ROAD CHIPLEY FL 32428 US | | Mailing Address 2971 GILBERT MILL ROAD CHIPLEY FL 32428 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt #, etc. | | | |
| City & State | | City & State | | 4. FEI Number NO-T APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RUDD, JIM 1029 PIONEER RD CHIPLEY FL 32428 | | | | 7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City | |
| 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. | | | | Applied For Not Applicable | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ | |
| FILE NOW: 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 | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD ENFINGER, LARRY 722 CORBIN RD. CHIPLEY FL 32428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000258030 03/10/05-80025-015 61.25 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD BARFIELD, TOD 1336 ORANGE HILL RD. CHIPLEY FL 32428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD RUDD, JIM 1029 PIONEER RD CHIPLEY FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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)(f), 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: <i>Jim Rudd</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 2-22-05 <small>Daytime Phone #</small> | | |