

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 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**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RUDD, JIM**  
**1029 PIONEER RD**  
**CHIPLEY, FL 32428**

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE *Jim Rudd*

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

(NOTE: Registered Agent signature required when reinstating)

**1-17-08**  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ENFINGER, LARRY 722 CORBIN RD. CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARFIELD, TOD 1336 ORANGE HILL RD. CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUDD, JIM 1029 PIONEER RD CHIPLEY, FL
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jim Rudd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-08**  
Date

**850-638-4739**  
Daytime Phone #