

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 732875 (0)

1. Corporation Name
OAKIE RIDGE BAPTIST CHURCH, INC.



| | |
|---|---|
| Principal Place of Business ROUTE 1 BOX 2228 2971 GILBERT MILL ROAD CHIPLEY FL 32428 US | Mailing Address 2971 GILBERT MILL ROAD CHIPLEY FL 32428 US |
|---|---|

3. Date Incorporated or Qualified
05/29/1975

4. FEI Number
NOT APPLICABLE

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|--|---------------------------|
| 2. Principal Place of Business 21 2971 Gilbert Mill Road | 2a. Mailing Address 26 |
|--|---------------------------|

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

| | |
|---------------------------|---------------------------|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
|---------------------------|---------------------------|

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

| | |
|---|--------------------|
| City & State 23 Chipley Florida | City & State 28 |
|---|--------------------|

7. Is this nonprofit corporation a homeowners association?
 Yes No

| | | | |
|------------------------|---------------------------|-----------|---------------|
| Zip 24 32428 | Country 25 Wash | Zip 29 | Country 30 |
|------------------------|---------------------------|-----------|---------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

RUDD, JIM
1029 PIONEER RD
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILBERT, BEN | 1.2 NAME | |
| STREET ADDRESS | 2984 GILBERT MILL ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORST, ACE | 2.2 NAME | |
| STREET ADDRESS | 2527 FROST LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUDD, JIM | 3.2 NAME | |
| STREET ADDRESS | 1029 PIONEER RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ben Gilbert **Ben Gilbert** 1-11-98 850-638-0469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)