

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 007 ****61.25

DOCUMENT # 745728

1. Entity Name
OAK TERRACE MENNONITE CHURCH, INC.



Principal Place of Business
**16970 NW 22ND ST
BLOUNTSTOWN, FL 32424**

Mailing Address
**16970 NW 22ND ST
BLOUNTSTOWN, FL 32424 US**

50006620



03192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2487419

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SKINNER, PAM
139 WARREN STREET
BLOUNTSTOWN, FL 32424**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**T
SKINNER, PAM
13629 SW CR 275
BLOUNTSTOWN, FL 32424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHETLER, MERLE
RT 1 BOX 38
BLOUNTSTOWN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, WILLARD
16303 NW WILLARD SMITH RD
BLOUNTSTOWN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pam Skinner **Pam Skinner** **3-28-06** **674-9774**