

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 027 ****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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2487419

Applied For

Not Applicable

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

SKINNER, PAM

~~139 WARREN STREET~~ 20608 NE Parrish Lake Rd
BLOUNTSTOWN, FL 32424

Name

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

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME SKINNER, PAM
STREET ADDRESS 13629 SW CR 275
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE ☒ Change ☐ Addition
NAME Skinner, Pam
STREET ADDRESS 20608 NE Parrish Lake Rd
CITY-ST-ZIP Blountstown FL 32424

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] Pam Skinner, Treasurer

3-22-2007