FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPÓRATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🕟 Secretary of State DIVISION OF CORPORATIONS

1996

STREET ADDRESS

D(

1. Corporation Name	5728 (6)	
OAK TERRACE MENNONIT	te Church, Inc.	
Principal Place of Business	Mailing Address	<u></u>
22ND STREET	RT 1 BOX 31	



BLOUNTSTOWN FL 32424 US				la Contract	
			 Date Incorporated or Qualified 01/26/1979 	3a. Date of Last Report 04/05/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
·	26		59-2487419	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	City & State		S5.00 May Be Added to Fees	
Zip Country	Zip Cou 29 30	, · • • • • • • • • • • • • • • • • • •		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				gistered Agent	
		81 Name			
HEADINGS, ELTON ROUTE 1 BOX 170 BLOUNTSTOWN FL 32424		82 Street Acklress (P.O. Box Number is Not Acceptable)			
		83			
		84 City		FL 85 Zip Code	
. Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Se	orida. Such change was authorized by the	ove-named corpora corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appoi	niment as registered agent. Fam	
SIGNATURE F1 70 1 Head I Signature, typed or printed name of registered ag	nas Treasure ent all title if applicable (NOTE: Rogistere	d Agent signature required	d when reinstating)	4-12-96 DATE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE Change Addition Trastee 1.1 TITLE TITLE Elton Headings R.I Box 170 12 NAME NAME CARPENTR, VIVIAN 13 STREET ADDRESS STREET ADDRESS RT 1 BOX 159 Blountstown, Fl 34424 BLOUNTSTOWN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETÉ 2.1 TITLE TITLE 2.2 NAME NAME SHETLER, MERLE 2.3 STREET ADDRESS STREET ADDRESS RT 1 BOX 38 2.4 CITY - ST - ZIP **BLOUNTSTOWN FL** CITY - ST - ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE SMITH, WILLARD 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS RT 1 BOX 138 3 4. CITY - ST- ZIP BLOUNTSTOWN FL CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME

KING, ROGER 4.3 STREET ADDRESS STREET ADDRESS RT 1 BOX 159 CITY-ST-ZIP BLOUNTSTOWN FL 4.4 CITY - ST - ZIP Addition 500001872845 -06/24/96--01027--012 DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS ***61.25 5.4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME

64 CITY-ST-ZIP CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

6.3 STREET ADDRESS

FL ton HEADings 4-12-96 (904) 674-8744

CR2E037 (12/95)