

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB - 1 PM 1:53

DOCUMENT # 765209 (2)

1. Corporation Name
OAK FOREST BAPTIST CHURCH, INC.

Principal Place of Business 84 KNIGHT BOXX RD.(ORANGE PARK,FL 32073) P.O. BOX 313 DOCTORS INLET FL 32030	Mailing Address 84 KNIGHT BOXX RD.(ORANGE PARK,FL 32073) P.O. BOX 313 DOCTORS INLET FL 32030
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1982	3a. Date of Last Report 01/21/1994
4. FEI Number 59-2513785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 84 Knight Boxx Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 84 Knight Boxx Rd. Suite, Apt. #, etc.
22 City & State 23 Orange Park, Fl.	28 City & State 28 Orange Park, Fl.
24 Zip 32065	29 Zip 32065

9. Name and Address of Current Registered Agent
**PRICE, CHARLES W
91 COKESBURY CT
GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CHARLES W	1.2 NAME	
STREET ADDRESS	91 COKESBURY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALSBURY, ROBERT G.	2.2 NAME	
STREET ADDRESS	4018 MUSTANG RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKSDALE, B. GERALD	3.2 NAME	
STREET ADDRESS	1610 RIVERS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, ROBERT W.	4.2 NAME	
STREET ADDRESS	4252 DEER TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CHARLES H	5.2 NAME	
STREET ADDRESS	1581 JACQUELINE LANE	5.3 STREET ADDRESS	Omit
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Ken Binkley
STREET ADDRESS		6.3 STREET ADDRESS	122 Mango Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Middleburg, Fl. 32068

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 an amendment with an address.

SIGNATURE:

Charles W. Price

Charles W. Price

1/26/95

904-272-6788

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Telephone Area)