

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765209 (2)

1. Corporation Name
OAK FOREST BAPTIST CHURCH, INC.



Principal Place of Business: 84 KNIGHT BOXX RD, ORANGE PARK FL 32065 US
Mailing Address: 84 KNIGHT BOXX RD, ORANGE PARK FL 32065 US

3. Date Incorporated or Qualified: 09/28/1982
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-2513785
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

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

10. Name and Address of New Registered Agent (81-85)

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	PRICE, CHARLES W	1.2 NAME	CHARLES WILLIAMS JR.
STREET ADDRESS	91 COKEBURY CT	1.3 STREET ADDRESS	26 Mink Ave.
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	Middleburg, FL
TITLE	TD	2.1 TITLE	D
NAME	SALISBURY, ROBERT G.	2.2 NAME	THOMAS A. DOAN
STREET ADDRESS	4018 MUSTANG RD.	2.3 STREET ADDRESS	P.O. Box 863
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	Green Cove Springs, FL
TITLE	VD	3.1 TITLE	D
NAME	BARKSDALE, B. GERALD	3.2 NAME	Charles S. Williams Sr.
STREET ADDRESS	1610 RIVERS RD	3.3 STREET ADDRESS	6 N. Oakridge Ave
CITY-ST-ZIP	GREEN COVE SPRINGS FL	3.4 CITY-ST-ZIP	Green Cove Springs, FL
TITLE	SD	4.1 TITLE	SD
NAME	WILKINSON, ROBERT W.	4.2 NAME	Tanner, Charles E.
STREET ADDRESS	4252 DEER TRAIL	4.3 STREET ADDRESS	2393 Deer Park Blvd.
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	Middleburg FL
TITLE	D	5.1 TITLE	D
NAME	BINKLEY, KEN	5.2 NAME	METHENY, RICHARD
STREET ADDRESS	122 MANGO DR	5.3 STREET ADDRESS	1070 Branan Field Rd.
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	Middleburg, FL
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Dewey E. Painter
STREET ADDRESS		6.3 STREET ADDRESS	7840 Fawn Oaks Ct.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville FL

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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 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.

SIGNATURE: Charles W. Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/25/96
Daytime Phone #: 904-272-6788

CR2E037 (12/95)