


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 32065-7327 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/28/1982 | 3a. Date of Last Report 01/31/1996 |
| 4. FEI Number 59-2513785 | Applied For 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 |
| 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 | 2a. Mailing Address 26 84 Knight Boxx Rd. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 (No P.O. Box #) |
| City & State 23 | City & State 28 Orange Park, Fl. |
| Zip 24 | Country 25 |
| Zip 29 32065 | Country 30 |

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 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) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | PRICE, CHARLES W |
| STREET ADDRESS | 91 COKESBURY CT. |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | SALISBURY, ROBERT G |
| STREET ADDRESS | 4018 MUSTANG RD. |
| CITY-ST-ZIP | MIDDLEBURG FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | BARKSDALE, B. GERALD |
| STREET ADDRESS | 1610 RIVERS RD. |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | TANNER, CHARLES E |
| STREET ADDRESS | 2393 DEER PARK BLVD |
| CITY-ST-ZIP | MIDDLEBURG FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | METHENY, RICHARD |
| STREET ADDRESS | 1070 BRANAN FIELD ROAD |
| CITY-ST-ZIP | MIDDLEBURG FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | PAINTER, DEWEY E |
| STREET ADDRESS | 7840 FAWN OAKS CT. |
| CITY-ST-ZIP | JACKSONVILLE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | Str <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Williams, Charles Jr. |
| 1.3 STREET ADDRESS | 26 Mink Ave. |
| 1.4 CITY-ST-ZIP | Middleburg, Fl. |
| 2.1 TITLE | Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Williams, Charles Sr. |
| 2.3 STREET ADDRESS | 6 N. Oakridge Ave. |
| 2.4 CITY-ST-ZIP | Green Cove Springs, Fl. |
| 3.1 TITLE | Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Doan, Thomas Sr. |
| 3.3 STREET ADDRESS | P.O. Box 863 |
| 3.4 CITY-ST-ZIP | Green Cove Springs, Fl. |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **1-7-97** **904-272-6789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)