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FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 ROXX RD ORANGE PARK FL 32065 US
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

3. Date Incorporated or Qualified 09/28/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2513785	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	PRICE, CHARLES W	
STREET ADDRESS	91 COKESBURY CT.	
CITY - ST - ZIP	GREEN COVE SPRINGS FL	
TITLE	TD	
NAME	SALISBURY, ROBERT G	
STREET ADDRESS	4018 MUSTANG RD.	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE	VD	
NAME	BARKSDALE, B. GERALD	
STREET ADDRESS	1610 RIVERS RD.	
CITY - ST - ZIP	GREEN COVE SPRINGS FL	
TITLE	ST	
NAME	WILLIAMS, CHARLES JR.	
STREET ADDRESS	26 MINK AVE.	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE	D	
NAME	METHENY, RICHARD	
STREET ADDRESS	1070 BRANAN FIELD ROAD	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE	T	
NAME	WILLIAMS, CHARLES SR.	
STREET ADDRESS	6 N. OAKRIDGE AVE.	
CITY - ST - ZIP	GREEN COVE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I 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: _____ 2/5/98 904-272-6788

CR2E037 (10/97)