
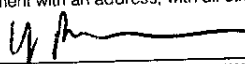


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90043 013 ****61.25

DOCUMENT # N01463			
1. Entity Name OAKLAND PRESBYTERIAN CHURCH			
Principal Place of Business 218 E OAKLAND AVENUE OAKLAND, FL 34760		Mailing Address 800 S. DILLARD ST. P.O. BOX 514 WINTER GARDEN, FL 34787-3910	
2. Principal Place of Business		3. Mailing Address 800 S. DILLARD ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip 34787-3910	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEREK J. BLAKESLEE 800 S. DILLARD ST. P.O. BOX 770314 WINTER GARDEN, FL 34777		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34787-3910	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFORD, DAVID J	NAME	
STREET ADDRESS	190 TEMPLE GROVE DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKESLEE, DEREK	NAME	
STREET ADDRESS	800 S. DILLARD ST.	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARTIN	NAME	
STREET ADDRESS	17517 DEER ISLAND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	KILLARNEY, FL 34740	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Derek J. Blakeslee	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/6/04 Daytime Phone #: 707-656-6611	