

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90032 044 \*\*\*\*61.25

**DOCUMENT # 722302**

1. Entity Name

**OAK-GRINER BAPTIST CHURCH, INC.**

Principal Place of Business

**6422 N.E. JACKSONVILLE RD.  
OCALA FL 34479**

Mailing Address

**6422 N.E. JACKSONVILLE RD.  
OCALA FL 34479-1338**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1143293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**00007307**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUSSELL, HAROLD  
901 NE 56TH ST  
OCALA, FLORIDA  
OCALA FL 34479**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, HAROLD</b>	
STREET ADDRESS	<b>901 NE 56 ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GOODWIN, HAROLD</b>	
STREET ADDRESS	<b>P.O. BOX 642 N/A</b>	
CITY-ST-ZIP	<b>ORANGE LAKE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MIMS, CLINTON</b>	
STREET ADDRESS	<b>1105 NE 63 ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MALLOY, PETE</b>	
STREET ADDRESS	<b>8378 SW 38 AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)