

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra A. Mathews
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 29 PM 4:20

DOCUMENT # 736017 (5)

1. Corporation Name

OAK GROVE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

HIGHWAY S-64 A
ROUTE ONE, BOX 367
WAUCHULA FL 33873-9760

HIGHWAY S-64 A
ROUTE ONE, BOX 367
WAUCHULA FL 33873-9760

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1976 3a. Date of Last Report 04/28/1994

4. FEI Number 59-0591334 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JIMMY R.
STATE ROAD S-64 A
ROUTE ONE BOX 367
WAUCHULA FL 33873-9760

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TROTTER, WAYNE
STREET ADDRESS	RT. 3, 80 GEORGE ANDERSON ROAD
CITY - ST - ZIP	WAUCHULA FL 33873
TITLE	D
NAME	WALDRON, ALLEN
STREET ADDRESS	RT. 3, 226 DANSBY STREET
CITY - ST - ZIP	WAUCHULA FL 33873
TITLE	D
NAME	ROGERS, JANIECE
STREET ADDRESS	RT. 3, 130 DANSBY STREET
CITY - ST - ZIP	WAUCHULA FL 33873
TITLE	D
NAME	BENBOW, SHEENA
STREET ADDRESS	DAVIS STREET
CITY - ST - ZIP	WAUCHULA FL 33873
TITLE	D
NAME	SMITH, DAVID
STREET ADDRESS	218 N. 10TH AVENUE
CITY - ST - ZIP	WAUCHULA FL 33873
TITLE	D
NAME	MILLER, BETTY LOU
STREET ADDRESS	RT. 1, BOX 368
CITY - ST - ZIP	WAUCHULA FL 33873

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILTON ROBERTS	
3.3 STREET ADDRESS	RT. 1, BOX 267	
3.4 CITY - ST - ZIP	WAUCHULA, FLORIDA 33873	
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	PRESIDENT/DIRECTOR	<input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on-site; 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:

Betty Lou Miller
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR

02-22-95 813-735-0321

BETTY LOU MILLER, PRESIDENT/DIRECTOR