


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90247 036 \*\*\*\*61.25

<b>DOCUMENT # 736017</b> 1. Entity Name <b>OAK GROVE MISSIONARY BAPTIST CHURCH, INC.</b>	
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Principal Place of Business <b>OAK GROVE MISSIONARY BAPTIST 4350 WEST MAIN STREET WAUCHULA FL 33873 US</b>	Mailing Address <b>OAK GROVE MISSIONARY BAPTIST 4350 WEST MAIN STREET WAUCHULA FL 33873 US</b>
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MOORE CR2E037 (11/03)

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 <b>59-6591334</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PARSONS, MARIE 1681 SYDNEY ROBERTS ROAD ONA FL 33865</b>	7. Name and Address of New Registered Agent Name <u>Marie Parsons</u> Street Address (P.O. Box Number is Not Acceptable) <u>388 Alton Rd.</u> City <u>ONA</u> FL Zip Code <u>33865</u>
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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 Margie Marie Parsons  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D LANG, ALAN 1000 KNOLLWOOD CIRCLE WAUCHULA FL 33873 <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	D ODEN, ERIC W <input checked="" type="checkbox"/> Delete	TITLE	P Marie Parsons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	1301 DOCKSIDE LANE	STREET ADDRESS	388 Alton Roberts Road
CITY - ST - ZIP	WAUCHULA FL 33873	CITY - ST - ZIP	Ona, Florida 33865
TITLE	D GICKER, ROSEMARY <input checked="" type="checkbox"/> Delete	TITLE	D Anthony Lee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	114 NORTH 2ND AVENUE	STREET ADDRESS	3680 Payne Road
CITY - ST - ZIP	WAUCHULA FL 33873	CITY - ST - ZIP	Myakka City, Florida 34557
TITLE	P PRESTRIDGE, JR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	3011 MYRTLE STREET	STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	CITY - ST - ZIP	
TITLE	D SMITH, SUSAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	594 DANSBY RD	STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL 33873	CITY - ST - ZIP	
TITLE	D LUPOLD, MARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	2860 KERLEW DRIVE	STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	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: Margie Marie Parsons Marie Parsons April 21, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #