

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736017

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: OAK GROVE MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

OAK GROVE MISSIONARY BAPTIST  
4350 WEST MAIN STREET  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

OAK GROVE MISSIONARY BAPTIST  
4350 WEST MAIN STREET  
WAUCHULA, FL 33873 US

**New Mailing Address:**

FEI Number: 59-6591334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARSONS, MARIE  
388 ALTON RD  
ONA, FL 33865 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LANG, ALAN  
Address: 1000 KNOLLWOOD CIRCLE  
City-St-Zip: WAUCHULA, FL 33873

Title: P ( ) Delete  
Name: PARSONS, MARIE  
Address: 388 ALTON ROBERTS ROAD  
City-St-Zip: ONA, FL 33865

Title: D ( ) Delete  
Name: LEE, ANTHONY  
Address: 3680 PAYNE RD  
City-St-Zip: MYAKKA CITY, FL 34557

Title: D ( ) Delete  
Name: LAMBERT, BRIAN  
Address: 1842 ODEN ROAD  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: ALBRITTON, VICKI  
Address: 726 STATE ROAD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D ( ) Delete  
Name: TERRELL, DEWEY  
Address: 1390 MOTT ROAD  
City-St-Zip: WAUCHULA, FL 33873

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGIE MARIE PARSONS

P

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date