

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736017

FILED
Apr 02, 2009
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: NORRIS, PHYLLIS
Address: 1645 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: D (X) 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
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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 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: MARIE PARSONS

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date