

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

address change because of 9/11 in our area!

3. Date Incorporated or Qualified: 06/04/1976
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business: 21 Oak Grove Missionary Baptist
2a. Mailing Address: 26 Oak Grove Missionary Baptist

4. FEI Number: 59-6591334
Applied For: Not Applicable

22. 4350 West Main Street
27. 4350 West Main Street

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

23. Wauchula, Florida 33873
28. Wauchula, Florida 33873

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

24. 33873
25. hardee
29. 33873
30. hardee

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

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: Jimmy R. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 4326 West Main Street
83
84 City: Wauchula FL 85 Zip Code: 33873

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0903, Florida Statutes.

SIGNATURE: *Jimmy R. Williams* Jimmy R. Williams 02-07-96
Signature typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when re-stating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROTTER, WAYNE	
STREET ADDRESS	RT. 3, 80 GEORGE ANDERSON ROAD	
CITY-STATE-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDRON, ALLEN	
STREET ADDRESS	RT. 3, 226 DANSBY STREET	
CITY-STATE-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, MILTON	
STREET ADDRESS	RT 1 BOX 267	
CITY-STATE-ZIP	WAUCHULA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENBOW, SHEENA	
STREET ADDRESS	DAVIS STREET	
CITY-STATE-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	218 N. 10TH AVENUE	
CITY-STATE-ZIP	WAUCHULA FL 33873	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, BETTY LOU	
STREET ADDRESS	RT. 1, BOX 368	
CITY-STATE-ZIP	WAUCHULA FL	

11 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RONNIE ABBOTT	
13 STREET ADDRESS	P. O. Box 1915 (SIDNEY ROBERTS ROAD)	
14 CITY-STATE-ZIP	WAUCHULA, FLORIDA 33873	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VICKIE ALBRITTON	
43 STREET ADDRESS	P. O. Box 636 N/A	
44 CITY-STATE-ZIP	ZOLFO SPRINGS, FLORIDA 33890	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Lou Miller* - BETTY LOU MILLER 02-07-96 941-735-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)