

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736017

**Entity Name:** OAK GROVE MISSIONARY BAPTIST CHURCH, INC.

**FILED**  
**Mar 25, 2014**  
**Secretary of State**  
**CC0537222371**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-6591334**

**Certificate of Status Desired: Yes**

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

PARSONS, MARIE  
388 ALTON RD  
ONA, FL 33865 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SMITH, JUSTIN  
Address        1711 DANSBY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           DIRECTOR  
Name           MILLER, BETTY L  
Address        3315 JOHN HOLT ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           PRESIDENT  
Name           SAMUELS, PAUL  
Address        3072 OAKS BEND  
City-State-Zip: BOWLING GREEN FL 33834

Title           DIRECTOR  
Name           SELLERS, BRENT  
Address        2897 CHANCY ROAD  
City-State-Zip: BOWLING GREEN FL 33834

Title           DIRECTOR  
Name           WILLIAMS, JIMMY R  
Address        1400 WEST MAIN STREET  
City-State-Zip: WAUCHULA FL 33873

*I hereby 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 all other like empowered.*

**SIGNATURE: PAUL SAMUELS**

**PRESIDENT**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date