# 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.

PRESIDENT

#### SIGNATURE: PAUL SAMUELS

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# 736017

Entity Name: OAK GROVE MISSIONARY BAPTIST CHURCH, INC.

### **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

# Name and Address of Current Registered Agent:

SAMUELS, PAUL 3072 OAKS BEND BOWLING GREEN, FL 33834 US

City-State-Zip: ONA FL 33865

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.

			<b>j</b> , , , ,		
SIGNATURE	PAUL SAMUELS			03/04/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Direc	tor Detail :				
Title	DIRECTOR	Title	PRESIDENT		
Name	SMITH, JUSTIN	Name	SAMUELS, PAUL		
Address	1711 DANSBY ROAD	Address	3072 OAKS BEND		
City-State-Zip:	WAUCHULA FL 33873	City-State-Zip:	BOWLING GREEN FL 33834		
Title	DIRECTOR				
Name	PARSONS, MARIE				
Address	388 ALTON RD				

03/04/2016

6

FILED Mar 04, 2016 Secretary of State CC1862270215

Certificate of Status Desired: Yes

Date