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Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

3. Date Incorporated or Qualified 06/04/1976  
3a. Date of Last Report 03/22/1996

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number 59-6591334	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, JIMMY R. 4328 WEST MAIN STREET ROUTE ONE BOX 367 WAUCHULA FL 33873				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOTT, RONNIE	1.2 NAME	JOE GICKER
STREET ADDRESS	P.O. BOX 1915 (SIDNEY ROBERTS ROAD)	1.3 STREET ADDRESS	114 NORTH 2ND AVENUE
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	WAUCHULA, FLORIDA 33873
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, ALLEN	2.2 NAME	ALLEN WALDRON
STREET ADDRESS	RT. 3, 226 DANSBY STREET	2.3 STREET ADDRESS	PT. 3, 226 DANSBY ROAD
CITY-ST-ZIP	WAUCHULA FL 33873	2.4 CITY-ST-ZIP	WAUCHULA, FLORIDA 33873
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MILTON	3.2 NAME	
STREET ADDRESS	RT 1 BOX 267	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, VICKIE	4.2 NAME	
STREET ADDRESS	P O BOX 636 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID	5.2 NAME	KENNETH ODEN
STREET ADDRESS	218 N. 10TH AVENUE	5.3 STREET ADDRESS	2853 ANDER MARSH ROAD
CITY-ST-ZIP	WAUCHULA FL 33873	5.4 CITY-ST-ZIP	WAUCHULA, FLORIDA 33873
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETTY LOU	6.2 NAME	SUSAN SMITH
STREET ADDRESS	RT. 1, BOX 368	6.3 STREET ADDRESS	594 DANSBY ROAD
CITY-ST-ZIP	WAUCHULA FL	6.4 CITY-ST-ZIP	WAUCHULA, FLORIDA 33873

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Allen Waldron* ALLEN WALDRON, PRES. APRIL 18, 1997 (941)735-2216

CR2E037 (9/96)