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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736017 (5)
1. Corporation Name
OAK GROVE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business OAK GROVE MISSIONARY BAPTIST 4350 WEST MAIN STREET WAUCHULA FL 33873 US	Mailing Address OAK GROVE MISSIONARY BAPTIST 4350 WEST MAIN STREET WAUCHULA FL 33873 US
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3. Date Incorporated or Qualified
06/04/1976

4. FEI Number
59-6591334

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Country
25. Country	29. Zip
30. Country	

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**WILLIAMS, JIMMY R.
4326 WEST MAIN STREET
ROUTE ONE BOX 367
WAUCHULA FL 33873**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GICKER, JOE	
STREET ADDRESS	114 NORTH 2ND AVENUE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALDRON, ALLEN	
STREET ADDRESS	RT. 3 226 DANSBY ROAD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, MILTON	
STREET ADDRESS	RT 1 BOX 267	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRITTON, VICKIE	
STREET ADDRESS	P O BOX 636 N/A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODEN, KENNETH	
STREET ADDRESS	2853 ANDER MARSH ROAD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, SUSAN	
STREET ADDRESS	564 DANSBY ROAD	
CITY-ST-ZIP	WAUCHULA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Bryd	
2.3 STREET ADDRESS	4820 Hwy. 64 West	
2.4 CITY-ST-ZIP	Ona, Florida 33865	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sheila Johns	
3.3 STREET ADDRESS	1710 Vandolah Road	
3.4 CITY-ST-ZIP	Wauchula, Florida 33873	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Albritton, Vickie	
4.3 STREET ADDRESS	P. O. Box 636 N/A	
4.4 CITY-ST-ZIP	Zolfo Springs, Florida 33890	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Vickie L Albritton* 4/5/98 (94) 735-0321

CR2E037 (10/97)