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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 736017

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

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/04/1976

22 City & State

27 City & State

4. FEI Number

Applied For

59-6591334

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JIMMY R.
 4326 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GICKER, JOE	1.2 NAME	KEENE, DANNY
STREET ADDRESS	114 NORTH 2ND AVENUE	1.3 STREET ADDRESS	403 POLK ROAD
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	BRYD, ROBERT	2.2 NAME	BRYD, ROBERT
STREET ADDRESS	4820 HWY 64 WEST	2.3 STREET ADDRESS	4820 HWY 64 WEST
CITY-ST-ZIP	ONA FL 33865	2.4 CITY-ST-ZIP	ONA, FLORIDA 33865
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, SHEILA	3.2 NAME	
STREET ADDRESS	1710 VANDOLAH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRITTON, VICKIE	4.2 NAME	KIM MILLER
STREET ADDRESS	P O BOX 636 N/A	4.3 STREET ADDRESS	338 MURPHY ROAD
CITY-ST-ZIP	ZOLFO SPRINGS FL	4.4 CITY-ST-ZIP	WAUCHULA, FLORIDA 33873
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODEN, KENNETH	5.2 NAME	
STREET ADDRESS	2853 ANDER MARSH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUSAN	6.2 NAME	
STREET ADDRESS	594 DANSBY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	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, with all other like empowered.

SIGNATURE:

Robert Bryd
 SIGNED ROBERT BRYD

03-05-99

941-735-0321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)