

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736017

1. Entity 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 33873-8477  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6591334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Robert Byrd

Street Address (P.O. Box Number is Not Acceptable)

4820 Hwy. 64 West

City

Wauchula

FL

Zip Code  
33873

8. 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

*Robert R. Byrd*  
Signature, typed or printed name of registered agent and title if applicable.

Robert R. Byrd, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEENE, DANNY	
STREET ADDRESS	403 POLK ROAD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRYD, ROBERT	
STREET ADDRESS	4820 HWY. 64 WEST	
CITY-ST-ZIP	ONA FL 33865	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, SHEILA	
STREET ADDRESS	1710 VANDOLAH RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, KIM	
STREET ADDRESS	338 MURPHY ROAD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ODEX, KENNETH	
STREET ADDRESS	2853 ANDER MARSH ROAD	
CITY-ST-ZIP	WAUCHULA FL XXX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SUSAN	
STREET ADDRESS	594 DANSBY ROAD	
CITY-ST-ZIP	WAUCHULA FL XXX	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, Anthony	
STREET ADDRESS	3680 Payne Road	
CITY-ST-ZIP	Ona, Florida 33865	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Parsons	
STREET ADDRESS	1681 Sydney Roberts Road	
CITY-ST-ZIP	Ona, Florida 33865	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert R. Byrd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Byrd, President

Date

April 18, 2000  
#863-735-0003

Daytime Phone #

CR2E037 (9/99)