

2002 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
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

7. Name and Address of New Registered Agent

PARSONS, MARIE
1681 SYDNEY ROBERTS ROAD
ONA FL 33865

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEENE, DANNY	
STREET ADDRESS	403 POLK ROAD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODEN, ERIC W	
STREET ADDRESS	1301 DOCKSIDE LANE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	GICKER, ROSEMARY	
STREET ADDRESS	114 NORTH 2ND AVENUE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, KIM	
STREET ADDRESS	338 MURPHY ROAD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, ANTHONY	
STREET ADDRESS	3680 PAYNE RD	
CITY-ST-ZIP	ONA FL 33865	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARSONS, MARIE	
STREET ADDRESS	1681 SYDNEY ROBERTS ROAD	
CITY-ST-ZIP	ONA FL 33865	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Lang	
STREET ADDRESS	1000 Knollwood Circle	
CITY-ST-ZIP	Wauchula, Florida 33873	
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	J. R. Prestridge	
STREET ADDRESS	3011 Myrtle Street	
CITY-ST-ZIP	Zolfo Springs, Florida 33890	
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		

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: *Margie Marie Parsons* Margie Marie Parsons

4/30/02

863-735-964

CR2E037 (9/01)