

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90492 013 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6591334**

Applied For
Not Applicable

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, ALAN	
STREET ADDRESS	1000 KNOLLWOOD CIRCLE	
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 type="checkbox"/> Delete
NAME	PRESTRIDGE, J R	
STREET ADDRESS	3011 MYRTLE STREET	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, ANTHONY	
STREET ADDRESS	3680 PAYNE RD	
CITY-ST-ZIP	ONA FL 33865	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PARSONS, MARIE	
STREET ADDRESS	1681 SYDNEY ROBERTS ROAD	
CITY-ST-ZIP	ONA FL 33865	

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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prestridge, J. R.	
STREET ADDRESS	3011 Myrtle Street	
CITY-ST-ZIP	Zolfo Springs, Florida 33890	
TITLE	Dusan Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Smith	
STREET ADDRESS	594 Dansby Road	
CITY-ST-ZIP	Wauchula, Florida 33873	
TITLE	Mary Lupold	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Lupold	
STREET ADDRESS	2860 Kerlew Drive	
CITY-ST-ZIP	Zolfo Springs, Florida 33890	

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: *J. R. Prestridge* **J. R. Prestridge** 4-15-03 863-735-0321

CR2E037 (10/02)