

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008908

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** OAK GROVE MISSIONARY BAPTIST CHURCH OF GAINESVILLE, INC.

**Current Principal Place of Business:**

3619 SW 25TH TERRACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 142203  
GAINESVILLE, FL 32614

**New Mailing Address:**

**FEI Number:** 90-0172689      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRAWFORD, JAMES G JR.  
2216 SW ARCHER ROAD  
GAINESVILLE, FL 32608    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P, D      ( ) Delete  
Name: CRAWFORD, JAMES G JR.  
Address: 2216 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: S, D      ( ) Delete  
Name: CRAWFORD, MARIE G  
Address: 2216 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: T, D      ( ) Delete  
Name: GRIMMAGE, KRISTY M  
Address: 2216 SW ARCHER ROAD  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. CRAWFORD, JR.

Electronic Signature of Signing Officer or Director

P.D.

04/28/2005

\_\_\_\_\_ Date