


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008908
 1. Entity Name
OAK GROVE MISSIONARY BAPTIST CHURCH OF GAINESVILLE, INC.



Principal Place of Business: **3619 SW 25TH TERRACE GAINESVILLE, FL 32608**
 Mailing Address: **PO BOX 142203 GAINESVILLE, FL 32614**

DO NOT WRITE IN THIS SPACE



05042007 No Chg-NP CR2E037 (4/06)

4. FEI Number: **90-0172689** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CRAWFORD, JAMES G JR.
 2216 SW ARCHER ROAD
 GAINESVILLE, FL 32608**

DO NOT WRITE IN THIS SPACE

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: **JAMES G. CRAWFORD JR.** *James G. Crawford Jr.* **5/3/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

**Filing Fee is \$61.25
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE: P, D NAME: CRAWFORD, JAMES G JR. STREET ADDRESS: 2216 SW ARCHER ROAD CITY-ST-ZIP: GAINESVILLE, FL 32608	<p>000000773993 09/13/07-80003-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE: S, D NAME: CRAWFORD, MARIE G STREET ADDRESS: 2216 SW ARCHER ROAD CITY-ST-ZIP: GAINESVILLE, FL 32608	
TITLE: T, D NAME: GRIMMAGE, KRISTY M STREET ADDRESS: 2216 SW ARCHER ROAD CITY-ST-ZIP: GAINESVILLE, FL 32608	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JAMES G. CRAWFORD JR. *James G. Crawford Jr.* **5/3/07** **352/316-4354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #