I hereby 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 all other like empowered.

D

#### SIGNATURE: TRACY HOBBS

ST

City-State-Zip: BLACK AL 36314

HOBBS. BARBARA E 671 AUSTIN ROAD

Electronic Signature of Signing Officer/Director Detail

El Num	ber:	59-3328	8753		
				 -	

HOBBS, BARBARA HST 1131 HIGHWAY 179

The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both in the State of Elevida

SIGNATURE	: BARBARA HOBBS	01/29/2018		
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	D	Title	D	
Name	HOBBS, TRACY PASTOR	Name	GRAY, ZACH	
Address	671 AUSTIN ROAD	Address	1051 HIGHWAY 177A	
City-State-Zip:	BLACK AL 36314	City-State-Zip:	BONIFAY FL 32425	
Title	D	Title	D	
Name	PAUL, JONATHAN	Name	HICKS, TOMMY	
Address	P.O. BOX 161	Address	2002 STRICKLAND LANE	
City-State-Zip:	BLACK AL 36314	City-State-Zip:	WESTVILLE FL 32464	

# DOCUMENT# N05000005511

Entity Name: OAK GROVE PENTECOSTAL MINISTRIES, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

1131 HIGHWAY 179 BONIFAY, FL 32425

#### **Current Mailing Address:**

1131 HIGHWAY 179 BONIFAY, FL 32425 US

#### FE

## Name and Address of Current Registered Agent:

BONIFAY, FL 32425 US

Title

I

Name

Address

FILED Jan 29, 2018 Secretary of State CC9402345645

Certificate of Status Desired: Yes

01/29/2018

Date