

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 31, 2007
Secretary of State**

DOCUMENT# N05000005511

Entity Name: OAK GROVE PENTECOSTAL MINISTRIES, INC.

Current Principal Place of Business:

1131 HIGHWAY 179
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

1131 HIGHWAY 179
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-3328753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINDSAY, JULIAN
1131 HIGHWAY 179
BONIFAY, FL 32425 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: D () Delete
Name: HOBBS, TRACY PASTOR
Address: 671 AUSTIN ROAD
City-St-Zip: BLACK, AL 36314

Title: D () Delete
Name: JORDAN, SCOTT
Address: 828 COUNTY ROAD 6
City-St-Zip: BLACK, AL 36314

Title: D () Delete
Name: HOBBS, CLAY
Address: 691 AUSTIN ROAD
City-St-Zip: BLACK, AL 36314

Title: D () Delete
Name: WARREN, DONNIE
Address: 2133 GOAT HILL RD
City-St-Zip: SAMSON, AL 36477

Title: ST () Delete
Name: LINDSAY, JULIAN
Address: 1131 HIGHWAY 179
City-St-Zip: BONIFAY, FL 32425

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D (X) Change () Addition
Name: HELMES, JERRY
Address: 1849 HWY 177
City-St-Zip: BONIFAY, FL 32425

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

Title: D () Change (X) Addition
Name: STEVEN, ROGERS
Address: 1071 HELMES ROAD
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRACY HOBBS

Electronic Signature of Signing Officer or Director

REV

07/31/2007

_____ Date