

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2008  
Secretary of State**

DOCUMENT# N0500000511

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:**

HELMES, JERRY D ST  
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: HELMES, JERRY  
Address: 1849 HWY 177  
City-St-Zip: BONIFAY, FL 32425

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

**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:      ( ) 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 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: JERRY D. HELMES

MR.

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date