

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500000511

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**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:**

P.O. BOX 1042  
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:**

PAUL, ALICIA H ST  
1131 HIGHWAY 179  
BONIFAY, FL 32425 US

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: ALICIA H. PAUL

03/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOBBS, TRACY PASTOR  
Address: 671 AUSTIN ROAD  
City-St-Zip: BLACK, AL 36314

Title: D  
Name: GRAY, ZACH  
Address: 1051 HIGHWAY 177A  
City-St-Zip: BONIFAY, FL 32425

Title: D  
Name: ELLENBURG, TONY  
Address: 1004 COUNTY ROAD 4  
City-St-Zip: BLACK, AL 36314

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

Title: ST  
Name: PAUL, ALICIA H  
Address: 591 AUSTIN ROAD  
City-St-Zip: BLACK, AL 36314

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.

SIGNATURE: TRACY HOBBS

REV

03/23/2010

Electronic Signature of Signing Officer or Director

Date