Entity Name: "OAK GROVE ASSEMBLY OF GOD OF PORT ST. Ju Current Principal Place of Business: 645 MADISON STREET PORT ST JOE, FL 32456	OE, INC." Secretary of State 2422281353CC
Current Mailing Address:	
P.O. BOX 967 PORT ST JOE, FL 32457 US	
FEI Number: 59-3650073	Certificate of Status Desired: No
Name and Address of Current Registered Agent:	
GAINNIE, JAMES ELMER 1905 GARRISON AVE PORT ST JOE, FL 32456 US	
1905 GARRISON AVE	or registered agent, or both, in the State of Florida.
1905 GARRISON AVE PORT ST JOE, FL 32456 US	or registered agent, or both, in the State of Florida. 02/08/2021
1905 GARRISON AVE PORT ST JOE, FL 32456 US The above named entity submits this statement for the purpose of changing its registered office	
1905 GARRISON AVE PORT ST JOE, FL 32456 US The above named entity submits this statement for the purpose of changing its registered office SIGNATURE: JAMES ELMER GAINNIE	02/08/2021
1905 GARISON AVE   PORT ST JOE, FL 32456 US   The above named entity submits this statement for the purpose of changing its registered office   SIGNATURE: JAMES ELMER GAINNIE   Electronic Signature of Registered Agent	02/08/2021
1905 GARRISON AVE   PORT ST JOE, FL 32456 US   The above named entity submits this statement for the purpose of changing its registered office   SIGNATURE: JAMES ELMER GAINNIE   Electronic Signature of Registered Agent   Officer/Director Detail :	02/08/2021 Date
1905 GARISON AVE   PORT ST JOE, FL 32456 US   The above named entity submits this statement for the purpose of changing its registered office   SIGNATURE: JAMES ELMER GAINNIE   Electronic Signature of Registered Agent   Officer/Director Detail :   Title VD   Title	02/08/2021 Date MINISTRIES ASSISTANT PIERETT, DIANE LAWTON

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500008279

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: DIANE LAWTON PIERETT

MINISTRIES ASSISTANT 02/08/2021

Electronic Signature of Signing Officer/Director Detail

FILED Feb 08, 2021