

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008279

FILED
Feb 18, 2009
Secretary of State

Entity Name: "OAK GROVE ASSEMBLY OF GOD OF PORT ST. JOE, INC."

Current Principal Place of Business:

613 MADISON STREET
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 967
PORT ST JOE, FL 32457

New Mailing Address:

FEI Number: 59-3650073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILEY, JAMES E PD
1604 MONUMENT AVENUE
PORT ST JOE, FL 32456 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: PD () Delete
Name: WILEY, JAMES E PD
Address: 1604 MONUMENT AVENUE
City-St-Zip: PORT ST JOE, FL 32456

Title: VD () Delete
Name: GAINNIE, JAMES E
Address: 1905 GARRISON AVE.
City-St-Zip: PORT ST JOE, FL 32456

Title: STD () Delete
Name: COLLIER, CATHERINE L
Address: 211 ALLEN MEMORIAL WAY
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: WOOD, MICHAEL
Address: 1207 JUNIPER AVE.
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: LYLES, CAROL L
Address: 910 16TH STREET
City-St-Zip: PORT ST JOE, FL 32456

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: JAMES E. WILEY

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date