


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90035 005 ****61.25

DOCUMENT # N06000009077

1. Entity Name
 OAK GROVE BAPTIST CHURCH OF CENTURY, FLORIDA, INC.



Principal Place of Business
 2600 NORTH HIGHWAY 99
 CENTURY, FL 32535

Mailing Address
 2600 NORTH HIGHWAY 99
 CENTURY, FL 32535

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

60006422



01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2388848

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODWIN, ROY D
 5870 ARTHUR BROWN ROAD
 WALNUT HILL, FL 32568

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | GODWIN, ROY D | |
| STREET ADDRESS | 5870 ARTHUR BROWN ROAD | |
| CITY - ST - ZIP | WALNUT HILL, FL 32568 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | CARPENTER, GEORGE V | |
| STREET ADDRESS | 1901 WILMA ROAD | |
| CITY - ST - ZIP | MCDavid, FL 32568 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DARBY, WILLIAM T | |
| STREET ADDRESS | 4350 GOBBLER ROAD | |
| CITY - ST - ZIP | CENTURY, FL 32535 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roy D. Godwin 1-21-07 850-327-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #