

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90812 045 ****61.25

DOCUMENT # **N94000002718**

1. Entity Name

OAKGROVE CHURCH OF CHRIST

DO NOT WRITE IN THIS SPACE

80126705

2. Principal Place of Business

5470 HWY 164

Suite, Apt. #, etc.

3. Mailing Address

3550 LAMBERT BRIDGE RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

McDAVID, FLORIDA

City & State

McDAVID, FLORIDA

4. FEI Number

59-3382394

Applied For

Not Applicable

Zip

32568

Country

US

Zip

32568

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MILLER, TERRY A.

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

3550 LAMBERT BRIDGE ROAD

City

McDAVID

FL

Zip Code

32568

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stocking)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
O'FARRELL, EVERETTE D
3841 HWY 164
McDAVID, FLORIDA 32568**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BERRY, TRAVIS
5511 PINE FOREST ROAD
WALNUT HILL, FLORIDA 32568**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GIBSON, JOHNNY G.
1691 WILMA ROAD
McDAVID, FL. 32568**

TITLE
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Everette D. O'Farrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVERETTE D. O'FARRELL

06/27/02 (850) 327-4911

Date

Daytime Phone #