


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90015 038 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # N96000001855</b>   |   |  |  |         |  |
| 1. Entity Name<br>OAK GROVE BAPTIST CHURCH OF JACKSONVILLE, INC.   |   |  |  |  |  |
| Principal Place of Business<br>5201 CEDAR POINT RD<br>JACKSONVILLE, FL 32226   |   |  | Mailing Address<br>5201 CEDAR POINT RD<br>JACKSONVILLE, FL 32226 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  | 4. FEI Number<br>59-3532981  |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent                      |  |  |
| THOMPSON, NEAL J REV.<br>5008 KAREN ST<br>FERNANDIAN BEACH, FL   |   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |   |  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
|  |   |  |  | <b>Make check payable to Florida Department of State</b>                                 |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>PYLES, ANDY MR.<br>15974 SHARK RD.<br>JACKSONVILLE, FL 32226       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BUGBEE, VIRGINIA MS.<br>13525 SAWPIT RD.<br>JACKSONVILLE, FL 32226 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | T/H<br>LEONARD SKIPPER<br>12085-1 SHEFFIELD RD.<br>JAX, FL 32226                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u>Leonard Skipper</u> LEONARD L. SKIPPER 1/22/07 904-696-9161<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>  |   |  |  |  |  |

40005013



01082007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL Zip Code