2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N96000001855



FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Nam OAK GRO		TIST CHURCH OI	F JACKSONVILLE, I	NC.			04-21-200	08 90097	004 ***	*61.25	
5201 CEDAR POINT RD 520		Mailing Address 5201 CEDAR POINT RI JACKSONVILLE, FL 32			תוחת פום וחתום	Ann Afric Con His	# #81 10 #118 1 # 83 #	ים ולנותה למותנו וו	in e l di l et i		
2. Principal P	Place of Busine	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E037	7 (12/06)		
City & State			City & State		4. FEI Number 59-353298		31		_ 	Applied For Not Applicable	
Zip		Country	Zip	Country			tatus Desired	<u> </u>	8.75 Add ee Require		
6. Name and Address of Current Registered Agent				Alama	7. Nam	e and Add	tress of New R	egistered Ac	gent		
THOMPSON, JOHN N REV. 5008 KAREN ST FERNANDIAN BEACH, FL					Name Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Cod	e	
	named entity tions of registe		or the purpose of changing its	registered office or r	registered agent	or both, in	the State of Flo		miliar with,	and accept	
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SIGNATURE .		or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	e required when reinsta	ting)	.	DATE			
SIGNATURE	Signature, typed o	or printed name of registered agent is \$61.25 ay 1, 2008	9. Election Ca	mpaign Financing	\$5.00 Added to	May Be		DATE ake check Ida Departr			
SIGNATURE	Filing Fee Due by Ma	o is \$61.25 ay 1, 2008 OFFICERS AND DI	9. Election Ca Trust Fund	mpaign Financing _	\$5.00 Added to	May Be Fees		ake check Ida Departr	nent of St	tațe	
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I nereby certity that the information supplied with this filling 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:

Kathy 26 DMD 102 SUBMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-261-9422

Daytime Phone #