

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 19, 2009
Secretary of State**

DOCUMENT# N96000001855

Entity Name: OAK GROVE BAPTIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

5201 CEDAR POINT RD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

5201 CEDAR POINT RD
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3532981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JOHN N REV.
5008 KAREN ST
FERNANDIAN BEACH, FL 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: T () Delete
Name: GECKLE, BOBBY
Address: 2559 LONGREENE RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: SKIPPER, LEONARD
Address: 12088-1 SHEFFIELD RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: S () Delete
Name: THOMPSON, KATHY
Address: 5008 KAREN STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: BLOUNT, NOREEN
Address: 10197 SHELL CRACKER RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: WILDS, J
Address: 13601 MAJESTIC COURT
City-St-Zip: JACKSONVILLE, FL 32218

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

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: NOREEN BLOUNT

MRS.

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date