

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001855

**FILED**  
**Jan 05, 2019**  
**Secretary of State**  
**2261062075CC**

**Entity Name:** OAK GROVE LIGHTHOUSE MISSION, INC.

**Current Principal Place of Business:**

5201 CEDAR POINT RD  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

5201 CEDAR POINT RD  
JACKSONVILLE, FL 32226 US

**FEI Number:** 59-3532981

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STANLEY, JOHN  
5201 CEDAR POINT RD  
JACKSONVILLE, FL 32226 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, TRUSTEE  
Name            STANLEY, JOHN  
Address        15974 SHARK ROAD W  
City-State-Zip: JACKSONVILLE FL 32226

Title            TRUSTEE  
Name            WINGATE, WINDELL  
Address        11742 WYNELL ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title            TREASURER, TRUSTEE  
Name            MILLIGAN, MELODY  
Address        10230 SAWPIT ROAD  
City-State-Zip: JACKSONVILLE FL 32226

Title            SECRETARY  
Name            DEESE, CARMEN  
Address        C/O 5201 CEDAR POINT RD  
City-State-Zip: JACKSONVILLE FL 32226

Title            TRUSTEE  
Name            SWIFT, MICHAEL  
Address        45193 BISMARCK RD  
City-State-Zip: CALLAHAN FL 32011

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN STANLEY

**PRESIDENT/TRUSTEE**

**01/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date