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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001855

1. Corporation Name

OAK GROVE BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

5201 CEDAR POINT RD  
JACKSONVILLE FL 32226

Mailing Address

5201 CEDAR POINT RD  
JACKSONVILLE FL 32226



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/05/1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 59-3532981

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, ED  
5201 CEDAR POINT RD  
JACKSONVILLE FL 32226

81

Name Gustafson, Ed

82

Street Address (P.O. Box Number is Not Acceptable)  
5201 Cedar Point Rd

83

84

City Jacksonville

FL

85

Zip Code 32226

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Ed Gustafson*

Ed Gustafson

DATE

3-3-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME HARGROVE, RONALD SR.  
STREET ADDRESS 5664 DOOLITTLE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32254

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME POWELL, ED  
STREET ADDRESS 6180 SPRING HAMMOCK ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32226

2.1 TITLE D  Change  Addition  
2.2 NAME Gustafson, Ed  
2.3 STREET ADDRESS 13056 Sawpit Rd.  
2.4 CITY-ST-ZIP Jacksonville, FL 32226

TITLE D  DELETE  
NAME MARTIN, MICKEY  
STREET ADDRESS 1207 ROOSTER SPUR CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32226

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Hargrove Sr.* RE: *Ronald Hargrove Sr.* 3-2-99 904-781-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)