

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90057 026 ****70.00

DOCUMENT # N96000001855 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3532981	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, JAMES REV 4800 CEDAR PT RD JACKSONVILLE, FL 32226				7. Name and Address of New Registered Agent Name Rev. David H. Beckham Street Address (P.O. Box Number is Not Acceptable) 1453 BELLESHORE CIRCLE City Jacksonville FL Zip Code 32218	
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 <u>David H. Beckham Pastor</u> 3/31/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, ED 5201 CEDAR PT RD JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUGBEE, PAUL 13525 SAWPIT ROAD JACKSONVILLE FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, MELISSA 5201 CEDAR PT RD JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PYLES, ANDY 15974 SHARK ROAD JACKSONVILLE FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATTHEW, JIM 4800 CEDAR PT RD JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALKER, JERRY 15714-1 SAWPIT ROAD JACKSONVILLE FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS STEVE 1435 DAWN AVE JACKSONVILLE FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUGBEE, VIRGINIA 13525 SAWPIT ROAD JACKSONVILLE FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BECKHAM, DAVID H. 1453 BELLESHORE CIR JACKSONVILLE FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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: David H. Beckham 3/31/04 904-261-3617 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54029375



01192004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

\$8.75 Additional Fee Required

3/31/04

Make check payable to Florida Department of State

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