## 2-27-97 B-2429 NC FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

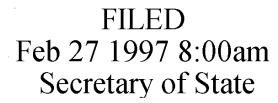
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 728008

(4)

OAK GROVE CHURCH OF THE APOSTOLIC FAITH OF NEW S MYRNA BEACH, FLORIDA, INC.





Principal Pla	ce of Business	Mailing Addres	SS				* *****		
04 HAMILTON : IEW SMYRNA B	ST. BEACH FL 32168	704 HAMILTON ST NEW SMYRNA BE		68-6545					
						3. Date Incorporated or Qualified 11/13/1973		te of Last F 1/01/199	
	Place of Business	2a. Mailing Ad	dress			4. FEI Number 59-6543630			pplied For
21		26	4 -4-			08-0040000			ot Applicable
Suite, Apt	t. #, <b>e</b> ic	Suite, Apt.	#, etc.			5. Certificate of Status Desired		4	Additional lequired
City & Sta	ete	City & State	<del></del> e		<del></del>	6. Election Campaign Financing	·		May Be
23		28				Trust Fund Contribution		.,	to Fees
Zıp	Country	Zip		Country	,	8. This corporation has liability for	intangible t	ax under	s. 199.032,
24	25	29		30			Yes L		
	9. Name and Address of C	Current Registered Agent	<u>t</u>	81		10. Name and Address of New Re	glatered A	gent	
				*1	Name				
	N, W. JUANITA		82 Street Ac		ddress (P.O. Box Number is Not Acceptable)				
908 ROP NEW SM	YER SI IYRNA BCH FL 32168			83	<del>                                     </del>				
11271 0111				84	City			<b>85</b> Zip	Code
					j,	rporation submits this statement for the ration's board of directors. I hereby acce	FL		
SIGNATURE	Signature, typicd or printed name of registr		(NOTE		ent signature rec	quired when reinstating)	DATE		•
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	CD	L	DELETE	1.1 TITLE				Change	Additio
NAME	TEEMER, THOMAS			1.2 NAME					
STREET ADORESS				1.3 STREET					
CITY-S1-ZIP	NEW SMYRNA BCH, FL 0		DELETE	1.4 CITY+5 2.1 TITLE	ST-ZIP	······································		☐ Change	[ Addition
NAME	SD BOOTH, JAMES		DELETE	2.2 NAME			- :	CHANGO	
STREET ADDRESS				23 STREET	ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BCH, FL 0	)		2.4 CITY-	1				
TITLE	VO		DELETE	3.1 TITLE				Change	Additio
NAME	JACKSON, JUANITA W			3.2 NAME					
STREET ADDRESS	908 ROPER STREET								
				3.3 STREET	ADDRESS				
CITY - ST - ZIP	NEW SMYRNA BEACH FL		DELETE	3.4. CITY-				Charac	· · · · · · · · · · · · · · · · · · ·
TITLE	NEW SMYRNA BEACH FL		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	
TITLE NAME			DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP			☐ Change	
TITLE NAME STREET ADDRESS			DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREET	ST-ZIP ADDRESS			☐ Change	Addition
TITLE NAME			DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP ADDRESS			☐ Change	
TITLE NAME STREET ADDRESS DITY-ST-ZIP				3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S	ST-ZIP ADDRESS				Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ST-ZIP  ADDRESS ST-ZIP  ADDRESS				Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3		DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP			□ Change	Addition

I do 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 Blogk 13 if changed, or on an attachment with an address.