FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR 10 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728008

1. Corporation Name
OAK Grove Church of the Apostolic Faith of New Smyrna Beach, Florida, INC.

Principal Place of Business / Mailing Address
OAK GROVE Church of the Apostolic Faith of New New Smyrna Beach, Florida, INC.
704 HAmilton St.
New Smyrna Bch Fl. 32168

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified

4. FEI Number
59-654 3630

Applied For / Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
Elder James Booth – Vice President
503 N. Duss St
New Smyrna Bch Fl.
32168

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: James E Booth — 3/7/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME			12 NAME	
STREET ADDRESS	704 Hamilton St – N.S.B. Fla. 32168		13 STREET ADDRESS	
CITY-ST-ZIP	Elder Thomas Teemer – President		14 CITY-ST-ZIP	
TITLE	Vice President S/D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	Elder James Booth		22 NAME	
STREET ADDRESS	503 N. Duss St		23 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Bch. Fl. 32168		24 CITY-ST-ZIP	
TITLE	Evangelist Juanita W Jackson	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE	Secretary V/D	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	Evangelist Juanita W. Jackson		42 NAME	
STREET ADDRESS	908 Roper St		43 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Bch, Fl. 32168		44 CITY-ST-ZIP	
TITLE	President C/D	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	Elder. Thomas Teemer		52 NAME	
STREET ADDRESS	704 Hamilton St		53 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Bch Fl. 32168		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

[illegible] 03/18/99--01083--003 *****87.25 *****87.25

CR2E037 (11/98)

3/10/99

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: Juanita W Jackson – Juanita W. Jackson — 2/22/99 — 904-428-6253 OR 904-427-3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #