2000 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
May 15, 2000 8:00 am
Secretary of State
02-26-2000 90057 020 ****61.25

DOCUMENT # 728008

1. Entity Name

OAK GROVE CHURCH OF THE APOSTOLIC FAITH OF NEW S

Principal Place of Business	Mailing Address
704 HAMILTON ST. NEW SMYRNA BEACH FL 32168	704 HAMILTON ST. NEW SMYRNA BEACH FL 32168-6545

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6543630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOOTH, JAMES 503 N. DUSS ST NEW SMYRNA BCH FL 32168	Name: ~~WILLIAM ROLLINS~~ WILLIAM, ROLLINS. D Street Address (P.O. Box Number is Not Acceptable): ~~801, MARY AVENUE.~~ City: ~~NEW SWYRNA BCH. FL.~~ new smyrna bch. fl FL Zip Code: 32168

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.

SIGNATURE: √ William Rollins - SD Juanita W. Jackson VD 2/21/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOOTH, JAMES ELDER 505 N. DUSS ST NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACKSON, JUANITA W EVANGEL 908 ROPER ST NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TEEMER, THOMAS ELDER 704 HAMILTON ST. NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rollins William D 801 Mary Ave (New) New Smyrna Bch. FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED VD Juanita W. Jackson 2/21/2000.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Juanita W. Jackson Date Daytime Phone # 904-428-6253