

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728008

1. Entity Name

OAK GROVE CHURCH OF THE APOSTOLIC FAITH OF NEW S

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90084 021 ****61.25

Principal Place of Business

704 HAMILTON ST.
NEW SMYRNA BEACH FL 32168

Mailing Address

704 HAMILTON ST.
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

ROLLINS, WILLIAM
801 MARY AVE
NEW SMYRNA BCH FL 32168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLON, WILLIAM 801 MARY AVE NEW SMYRNA BEACH FL	☐ Delete
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	VD TEEMER, THOMAS ELDER 704 HAMILTON ST. NEW SMYRNA BEACH FL 32168	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE REQUIRED

Juanita W. Jackson **VD** *Juanita W. Jackson* - 904-438-1253
Date *Feb 01 2001* Time Phone #

CR2E037 (10/00)