

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 017 ****61.25

DOCUMENT # 728008

1. Entity Name

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



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

411 Sheldon St.
Suite, Apt. #, etc.

3. Mailing Address

411 Sheldon St.
Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL 32168
Zip Country
Volusia

City & State

New Smyrna Beach, FL
Zip Country
Volusia

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

BOOTH, JAME EARL
503 NORTH DUSS ST.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROLLON, WILLIAM
STREET ADDRESS 801 MARY AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE VD ☐ Delete
NAME BOOTH, JAMES EARL
STREET ADDRESS 503 NORTH DUSS ST.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE VD ☐ Delete
NAME TEEMER, THOMAS ELDER
STREET ADDRESS 704 HAMILTON ST.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Thomas Teemer VD Teemer Thomas

1-28-06