

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 003 ****66.25

DOCUMENT # 728008			
1. Entity Name OAK GROVE CHURCH OF THE APOSTOLIC FAITH OF NEW SMYRNA BEACH, FLORIDA, INC.			
Principal Place of Business OAK GROVE CHURCH OF THE SOUTH NEW SMYRNA BEACH FL 32168		Mailing Address 441 SHELDON ST NEW SMYRNA BEACH FL 32168	
2. Principal Place of Business - No P.O. Box # OAK GROVE CHURCH OF THE		3. Mailing Address 441 sheldon ST.	
Suite, Apt. #, etc. APOSTOLIC FAITH OF		Suite, Apt. #, etc.	
City & State NEW SMYRNA BEACH; FL;		City & State NEW SMYRNA BCH, FL.	
Zip 32168	Country VOLUSIA	Zip 32168	Country VOLUSIA
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 reinstating)			



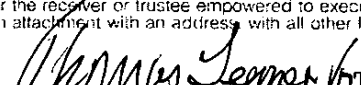
1st MOORE CR2E037 (10/07)

4. FEI Number 59-6543630	Applied For ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BOOTH, JAMES EARL 503 NORTH 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 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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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:  **TEEMER THOMAS** MAR. 05-08 386 428 5071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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