

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90032 021 ****70.00

DOCUMENT # N42361

1. Entity Name

OAK GROVE BAPTIST CHURCH, INC.

Principal Place of Business

1404 NE 152ND TER
 N MIAMI BEACH FL 33162-5927

Mailing Address

1404 NE 152ND TER
 N MIAMI BEACH FL 33162-5927

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURKE, EVORN
 1404 NE 152ND TER
 MIAMI BEACH FL 33162-5927

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	DC	<input type="checkbox"/> Delete
NAME	BURKE, EVORN	
STREET ADDRESS	3550 NE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURCH, LETINA	
STREET ADDRESS	18187 N.W. 41STREET CT.	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PHILLIPS, MARLVIN	
STREET ADDRESS	1470 NE 151ST TER	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, IVELENE	
STREET ADDRESS	1594 NE 154TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZATER, BENJAMIN	
STREET ADDRESS	1431 N. E. 149TH STREET	
CITY-ST-ZIP	N. MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, NORMA	
STREET ADDRESS	20140 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 officers or directors empowered.

SIGNATURE: *Evorn Burke* **SIGNATURE REQUIRED**

3/25/02 (954) 816-9672

CR2E037 (9/01)