

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 28, 2004
Secretary of State**

DOCUMENT# N42361

Entity Name: OAK GROVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1404 NE 152ND TER
N MIAMI BEACH, FL 331625927

New Principal Place of Business:

Current Mailing Address:

1404 NE 152ND TER
N MIAMI BEACH, FL 331625927

New Mailing Address:

FEI Number: 65-0686100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, EVORN
1404 NE 152ND TER
N MIAMI BEACH, FL 331625927 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BURKE, EVORN,
Address: 3550 NE 17TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: BURCH, LETINA
Address: 18187 N.W. 41STREET CT.
City-St-Zip: CAROL CITY, FL 33055

Title: DS () Delete
Name: PHILLIPS, MARLVIN,
Address: 1470 NE 151ST TER
City-St-Zip: N MIAMI BEACH, FL

Title: D () Delete
Name: MCKINNEY, IVELENE
Address: 1594 NE 154TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: ZATER, BENJAMIN
Address: 1431 N. E. 149TH STREET
City-St-Zip: N. MIAMI, FL 33162

Title: D () Delete
Name: HUDSON, NORMA
Address: 20140 NW 12TH AVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: BURKE, EVORN,
Address: 17791 49TH ST N
City-St-Zip: LOXAHATCHEE, FL 334703577 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVORN BURKE

DC

10/28/2004

Electronic Signature of Signing Officer or Director

_____ Date