


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90082 025 ****61.25

DOCUMENT # N42361 1. Entity Name OAK GROVE BAPTIST CHURCH, INC.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 65-0686100	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKE, EVORN 1404 NE 152ND TER N 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
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DC BURKE, EVORN	<input type="checkbox"/>
NAME	17791 49TH ST N	
STREET ADDRESS	LOXAHATCHEE FL 33470-3577	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/>
NAME	BURCH, LETINA	
STREET ADDRESS	18187 N.W. 41STREET CT.	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	DS	<input type="checkbox"/>
NAME	PHILLIPS, MARLVN	
STREET ADDRESS	1470 NE 151ST TER	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	MCKINNEY, IVELENE	
STREET ADDRESS	1594 NE 154TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/>
NAME	ZATER, BENJAMIN	
STREET ADDRESS	1431 N. E. 149TH STREET	
CITY-ST-ZIP	N. MIAMI FL 33162	
TITLE	D	<input checked="" type="checkbox"/>
NAME	HUDSON, NORMA	
STREET ADDRESS	20140 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Doris King		
STREET ADDRESS	1483 N. E. 154th Street		
CITY-ST-ZIP	North Miami Beach, Florida 33162		
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Shanikia Ferguson		
STREET ADDRESS	14020 Biscayne Blvd. Apt. 408		
CITY-ST-ZIP	North Miami, Florida 33181		

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: *Evorn Burke* Feb 2, 2007 954-816-9672