


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

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90041 008 \*\*\*\*61.25

**DOCUMENT # N42361**  
 1. Entity Name  
**OAK GROVE BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
 1404 NE 152ND TER      1404 NE 152ND TER  
 N MIAMI BEACH FL 33162-5927      N MIAMI BEACH FL 33162-5927



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)  
 4. FEI Number      Applied For  
**65-0686100**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**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

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 reinstating)      DATE \_\_\_\_\_

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	DC	<input type="checkbox"/> Delete
NAME	BURKE, EVORN	
STREET ADDRESS	17791 49TH ST N	
CITY-ST-ZIP	LOXAHATCHEE FL 33470-3577	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, DORIS	
STREET ADDRESS	1483 N E 154TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	DS	<input checked="" 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 checked="" 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	FERGUSON, SHANIKIA	
STREET ADDRESS	14020 BISCAYNE BLVD APT 408	
CITY-ST-ZIP	NORTH MIAMI FL 33181	

**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	Waverly Robinson	
STREET ADDRESS	1425 N.E. 154th Street	
CITY-ST-ZIP	N. Miami Beach, Fla. 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Goldsmith	
STREET ADDRESS	1563 N.E. 152nd Street	
CITY-ST-ZIP	N. Miami Beach, Fla. 33162	
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 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:** Rev. Evorn Burke      03-09-08 954-816-9693