

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90110 030 \*\*\*\*61.25



**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **NOT APPLICABLE**  
Applied For  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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 | 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, MARLVN           |                                 |
| 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 like empowered.

SIGNATURE: *EVORN BURKE* 2/4/03 (954) 816-9672

CR2E037 (10/02)