

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
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95 MAY -1 AM 9: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002718 (4)**
1. Corporation Name
OAKGROVE CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address
5470 HWY 164 MCDavid FL 32568 **5470 HWY 164 MCDavid FL 32568**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1994** 3a. Date of Last Report

4. FEI Number **APPLIED FOR** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 30 Country

9. Name and Address of Current Registered Agent

**MILLER, TERRY A
3550 LAMBERT BRIDGE RD
MCDavid FL 32568**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-electing

12. DELETED OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELEGATE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EJERETTE D. O'NEILL	12 NAME	
STREET ADDRESS	3841 HWY 164	13 STREET ADDRESS	
CITY - ST - ZIP	MCDavid, FL 32568	14 CITY - ST - ZIP	
TITLE	DELEGATE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS BEAUM	22 NAME	
STREET ADDRESS	5511 PINE FOREST ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	WALNUT HILL, FL 32668	24 CITY - ST - ZIP	
TITLE	DELEGATE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNY G. GIBSON	32 NAME	
STREET ADDRESS	1691 WILLOW ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	MCDavid, FL 32568	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ejterette D. O'Neill* **EJERETTE D. O'NEILL** 04/28/95 (904) 327-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)