

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

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # **N94000002718**

07-02-2002 90812 045 \*\*\*\*61.25

1. Entity Name

**OAKGROVE CHURCH OF CHRIST**

**DO NOT WRITE IN THIS SPACE**

**80126705**

2. Principal Place of Business

**5470 HWY 164**

3. Mailing Address

**3550 LAMBERT BRIDGE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**McDAVID, FLORIDA**

City & State

**McDAVID, FLORIDA**

4. FEI Number

**59-3382394**

Applied For

Not Applicable

Zip

**32568**

Country

**US**

Zip

**32568**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**MILLER, TERRY A.**

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

**3550 LAMBERT BRIDGE ROAD**

City

**McDAVID**

**FL**

Zip Code

**32568**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-stocking.

DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>D O'FARRELL, EVERETTE D</b>	<b>3841 HWY 164</b>	<b>McDAVID, FLORIDA 32568</b>
	<b>D BERRY, TRAVIS</b>	<b>5511 PINE FOREST ROAD</b>	<b>WALNUT HILL, FLORIDA 32568</b>
	<b>D GIBSON, JOHNNY G.</b>	<b>1691 WILMA ROAD</b>	<b>McDAVID, FL. 32568</b>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Everette D. O'Farrell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/27/02 (850) 327-4911**

Date Daytime Phone #

**EVERETTE D. O'FARRELL**