## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		CORPORATIONS		
DOCUMENT # N9400002718 (4) 1. Corporation Name					
OAKGROVE CHURCH OF CHRIST, INC.					
Principal Place of Business Mailing Address					
5470 HWY 164 MCDAVID FL 3		5470 HWY 164 MCDAVID FL 32568			I do Duy of the Dove t
				3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ice of Business	2a. Mailing Address		4. FEI Number APPLIED FOR 59-3	1
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for intribution of the Florida Statutes	angible tax under s. 199.032, Yes □ No
24	9. Name and Address of Curre	11	1	10. Name and Address of New Rec	
144155.3	TERRY 4		81 Name		
MILLER, TERRY A 3550 LAMBERT BRIDGE RD 82 Street Adors				ess (P.O. Box Number is Not Acceptable)	
MCDAVID FL 32568			83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.05	02 and 617,1508, Florida Statute:	s, the above named corpor	ation submits this statement for the purpo	ose of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	irida. Such change was authorize ction 617.0503, Florida Statutes.	d by the corporation's boar	rd of directors. I hereby accept the appoin	ntment as registered agent. Fam
SIGNATURE _	Signature, typed or printed name of registered ag-	ert and title if acolicative (NOT	E: Ragistered Agent signature required	d when reinstat nui	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D CARDELL EVEDETTE D	DELETE	1 1 TOTLE		Change Addition
NAME STREET ADDRESS	O'FARRELL, EVERETTE D 3841 HWY 164		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MCDAVID FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, TRAVIS		2 2 NAME		
STREET ADDRESS	5511 PINE FOREST ROAD WALNUT HILL FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D WALMUT FILL FL	[]DFLETE	2 4 CITY - ST- ZIP 3 1 TITLE		Change Addition
NAME	GIBSON, JOHNINY G		3.2 NAME		
STREET ADDRESS	1691 WILMA ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP	MCDAVID FL		3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME OTDOTT ADDOSES			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS  CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	00000187 -06/26/960108	65 <b>6</b> 19ige Addition
NAME			52 NAME	-06/26/960108	33031
STREET ADDRESS			5 3 STREET ADDRESS	***61.25	
CITY-ST-ZIP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
TITLE NAME			62 NAME		o Wil
STREET ADDRESS			6.3 STREET ADDRESS		OK 10/2/
CITY-ST-ZIP			6 4 CITY - ST - ZIP		100/
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
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 177, holds distincted that I appears in Block 12 or Block 13 if changed, or on an attachment with an address.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date					