FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:14

DOCUMENT # 710649 (5)

1. Corporation Name
OAK GROVE CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
6830 NORTH HABANA TAMPA FL 33614	6830 NORTH HABANA TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1966
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2449214 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BAKER, PRESTON M
812 E ORANGE AVE
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: Baker, Preston M.
82 Street Address (P.O. Box Number is Not Acceptable): 812 E. Orange Ave.
83
84 City: Tampa **FL** 85 Zip Code: 33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 _____ 5/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HUEBNER, DENNIS	12 NAME	
STREET ADDRESS	18322 SWANN LAKE DR	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	[illegible]	22 NAME	Curry, Donald V.
STREET ADDRESS	[illegible]	23 STREET ADDRESS	6718 N. Habana Ave.
CITY-ST-ZIP	[illegible]	24 CITY-ST-ZIP	Tampa, FL 33614
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ARCHER, TERESA	32 NAME	
STREET ADDRESS	5905 OKARA RD	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PETERS, DEBORAH	42 NAME	
STREET ADDRESS	3706 W IDLEWILD / STE 110	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	BOYER, VAUGHN	52 NAME	
STREET ADDRESS	9147 TALINA LANE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BAKER, PRESTON M.	62 NAME	
STREET ADDRESS	812 E ORANGE AVE	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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)(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.

SIGNATURE: _____ Preston M. Baker 5/24/95 813 977 9945
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0064240