FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/01/1966**
3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

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

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: Karen J. Kier
82 Street Address (P.O. Box Number is Not Acceptable): 15914 Shawver Lake Dr.
83:
84 City: Lutz **FL** 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE: Karen J. Kier — 6/12/96
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUEBNER, DENNIS		1.2 NAME		
STREET ADDRESS	18322 SWANN LAKE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CURRY, DONALD V		2.2 NAME		
STREET ADDRESS	6718 N HABANA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA F		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARCHER, TERESA		3.2 NAME		
STREET ADDRESS	5905 OKARA RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	400001872284 -06/24/96--01015--006 ***70.00	☐ Change ☐ Addition
NAME	PETERS, DEBORAH		4.2 NAME		
STREET ADDRESS	3706 W IDLEWILD / STE 110		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, VAUGHN		5.2 NAME		
STREET ADDRESS	9147 TALINA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~BAKER, PRESTON M~~		6.2 NAME	Karen J. Kier	
STREET ADDRESS	~~812 E ORANGE AVE~~		6.3 STREET ADDRESS	15914 Shawver Lake Dr.	
CITY-ST-ZIP	~~TAMPA FL~~		6.4 CITY-ST-ZIP	Lutz, FL 33549	

6-21-96 JP

CR2E037 (12/95)

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: Karen J. Kier — Karen J. Kier — 813-932-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #