FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 20 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 33614-4323

3. Date Incorporated or Qualified: 04/01/1966
3a. Date of Last Report: 06/21/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
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

KIER, KAREN J
15914 SHAWVER LAKE DR.
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: Diana Baker
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 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: Diana Baker Diana Baker, Chair, Church Council 6/11/97
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	D	☒ Change ☐ Addition
NAME	~~OLIVER, EDWARD~~		2.2 NAME	Diana Baker	
STREET ADDRESS	~~6718 N HABANA AVE~~		2.3 STREET ADDRESS	812 E. Orange Ave.	
CITY-ST-ZIP	~~TAMPA FL~~		2.4 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	~~ARCHER, TERESA~~		3.2 NAME	Faye Parsons	
STREET ADDRESS	~~5905 OKARA RD~~		3.3 STREET ADDRESS	9324 Forest Hills Dr.	
CITY-ST-ZIP	~~TAMPA FL~~		3.4 CITY-ST-ZIP	Tampa, FL 33612	
TITLE	T	☐ DELETE	4.1 TITLE		☐ 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		☐ Change ☐ Addition
NAME	KIER, KAREN J		6.2 NAME		
STREET ADDRESS	15914 SHAWVER LAKE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		6.4 CITY-ST-ZIP		

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14. I do 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 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: [illegible] 6/11/97 274-0907