

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State

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

4. FEI Number

59-2449214

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

none
due

9. Name and Address of Current Registered Agent

BAKER, DIANA
812 E. ORANGE AVE.
TAMPA FL 33613

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

Tampa, FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUEBNER, DENNIS
STREET ADDRESS 18322 SWANN LAKE DR
CITY-STATE-ZIP LUTZ FL

☐ DELETE

TITLE D
NAME BAKER, DIANA
STREET ADDRESS 812 E. ORANGE AVE.
CITY-STATE-ZIP TAMPA F 33613

☐ DELETE

TITLE S
NAME PARSONS, FAYE
STREET ADDRESS 9324 FOREST HILLS DR.
CITY-STATE-ZIP TAMPA FL 33613

☒ DELETE

TITLE T
NAME PETERS, DEBORAH
STREET ADDRESS 3706 W IDLEWILD / STE 110
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE S
NAME BOYER, VAUGHN
STREET ADDRESS 9147 TALINA LANE
CITY-STATE-ZIP TAMPA FL 33637

☐ DELETE

TITLE D
NAME KIER, KAREN J
STREET ADDRESS 15014 SHAWVER LAKE DR.
CITY-STATE-ZIP LUTZ FL 33549

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 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:

DENNIS HUEBNER

7/1/98

813/932-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #

CR2E037 (5/98)