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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710649

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/01/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2449214 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 4/28/99
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	BAKER, DIANA		2.2 NAME		
STREET ADDRESS	812 E. ORANGE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA F 33613		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARCHER, TERESA		3.2 NAME		
STREET ADDRESS	4905 OKARA RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		3.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Rev. Dennis Huebner 4/12/99 813-932-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)