# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 27, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# 710649

**Entity Name:** OAK GROVE CHURCH OF GOD, INC.

**Current Principal Place of Business:**

6830 NORTH HABANA
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

6830 NORTH HABANA
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number: 59-2449214** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIER, SCOTT
15919 SHAWVER LAKE DR
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

BAKER, DIANA
4206 HOLLOWTRAIL DR.
TAMPA, FL 33624 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANA BAKER 03/27/2002
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | HUEBNER, DENNIS | |
| Address: | 18322 SWANN LAKE DR | |
| City-St-Zip: | LUTZ, FL | |
| Title: | D | ( ) Delete |
| Name: | KIER, SCOTT | |
| Address: | 15919 SHAWVER LAKE DR | |
| City-St-Zip: | LUTZ, FL 33549 | |
| Title: | S | ( ) Delete |
| Name: | PASS, JOANN | |
| Address: | P O BOX 8623 | |
| City-St-Zip: | LUTZ, FL 33548 | |
| Title: | T | ( ) Delete |
| Name: | PETERS, DEBORAH | |
| Address: | 5534 TUGHILL DR | |
| City-St-Zip: | TAMPA, FL 33624 | |
| Title: | D | ( ) Delete |
| Name: | WESNER, FRANK | |
| Address: | 11513 LAKE RIDGE | |
| City-St-Zip: | TAMPA, FL 33618 | |
| Title: | D | ( ) Delete |
| Name: | KIER, KAREN J | |
| Address: | 15914 SHAWVER LAKE DR. | |
| City-St-Zip: | LUTZ, FL 33549 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | S | (X) Change ( ) Addition |
| Name: | WESOLOSKI, MARIANNE | |
| Address: | 17514 WILLOW POND DR. | |
| City-St-Zip: | LUTZ, FL 33548 | |
| Title: | T | (X) Change ( ) Addition |
| Name: | GLASGOW, ROBERT | |
| Address: | 10417 NORT OKLAWAHA AVE. | |
| City-St-Zip: | TAMPA, FL 33617 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | BAKER, DIANA | |
| Address: | 4206 HOLLOWTRAIL DR. | |
| City-St-Zip: | TAMPA, FL 33624 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA BAKER D 03/27/2002
Electronic Signature of Signing Officer or Director — Date