2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004
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:

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

Name and Address of New Registered Agent:

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: _____

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:	HUEBRIER, MARY	
Address:	18322 SWANN LAKE DR.	
City-St-Zip:	LUTZ, FL 33549	
Title:	T	( ) Delete
Name:	GLASGOW, ROBERT	
Address:	10417 NORT OKLAWAHA AVE.	
City-St-Zip:	TAMPA, FL 33617	
Title:	D	( ) Delete
Name:	BAKER, DIANA	
Address:	4206 HOLLOWTRAIL DR.	
City-St-Zip:	TAMPA, FL 33624	
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:	WESOLOWSKI, MARIANNE	
Address:	14514 WILLOW POND DR.	
City-St-Zip:	LUTZ, FL 33548	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: SCOTT KIER D 02/14/2004

Electronic Signature of Signing Officer or Director — Date