2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007478

1. Entity Name
OAK GROVE MISSIONARY BAPTIST CHURCH OF EBRO, INC

Principal Place of Business	Mailing Address
6519 DOG TRACK ROAD EBRO, FL 32437 US	5933 HIGHWAY 79 EBRO, FL 32437 US

01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
38-3705519
Applied For
X Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, FRANLISA J
1007 ARKANSAS AVENUE
LYNN HAVEN, FL 32444

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Franlisa J Smith 1/20/06
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GREEN, MIRANDA
STREET ADDRESS	1230 CLIFFORD STREET
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	D
NAME	SMITH, BRUCE
STREET ADDRESS	4659 HENRY LANE
CITY-ST-ZIP	EBRO, FL 32437
TITLE	P
NAME	SMITH, WALTER
STREET ADDRESS	1007 ARKANSAS AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	V
NAME	SMITH, KENNETH
STREET ADDRESS	6126 HWY 79
CITY-ST-ZIP	EBRO, FL 32437
TITLE	T
NAME	SMITH, FRANLISA J
STREET ADDRESS	1007 ARKANSAS AVENUE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80014-016 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Franlisa J Smith 1/20/06 (850)-271-5781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #