

DOCUMENT # N04000007478

1. Entity Name

OAK GROVE MISSIONARY BAPTIST CHURCH OF EBRO, INC



Principal Place of Business

6519 DOG TRACK ROAD
EBRO FL 32437
US

Mailing Address

5933 HIGHWAY 79
EBRO FL 32437
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3705519

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, FRANLISA J
1007 ARKANSAS AVENUE
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

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

Charlisa J Smith

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

(NOTE: Registered Agent signature required when resigning)

DATE

2/23/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME GREEN, MIRANDA
STREET ADDRESS 1230 CLIFFORD STREET
CITY- ST- ZIP BONIFAY FL 32425

TITLE D ☐ Delete
NAME SMITH, BRUCE
STREET ADDRESS 4859 HENRY LANE
CITY- ST- ZIP EBRO FL 32437

TITLE P ☐ Delete
NAME SMITH, WALTER
STREET ADDRESS 1007 ARKANSAS AVE
CITY- ST- ZIP LYNN HAVEN FL 32444

TITLE V ☐ Delete
NAME SMITH, KENNETH
STREET ADDRESS 6126 HWY 79
CITY- ST- ZIP EBRO FL 32437

TITLE T ☐ Delete
NAME SMITH, FRANLISA J
STREET ADDRESS 1007 ARKANSAS AVENUE
CITY- ST- ZIP LYNN HAVEN FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charlisa J Smith

2/23/07

(850) 271-5781