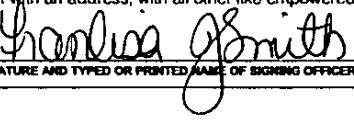


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90067 001 ****70.00

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 # 5933 Highway 79 Suite, Apt. #, etc.		3. Mailing Address 5933 Highway 79 Suite, Apt. #, etc.
City & State Ebro, FL Zip 32437		City & State Ebro, FL Zip 32437
Country USA		Country USA
6. Name and Address of Current Registered Agent SMITH, FRANLISA J 1007 ARKANSAS AVENUE LYNN HAVEN, FL 32444		
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) _____ <small>DATE</small> _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		
TITLE S NAME GREEN, MIRANDA STREET ADDRESS 1230 CLIFFORD STREET CITY-ST-ZIP BONIFAY, FL 32425		<input checked="" type="checkbox"/> Delete
TITLE D NAME SMITH, BRUCE STREET ADDRESS 4859 HENRY LANE CITY-ST-ZIP EBRO, FL 32437		<input checked="" type="checkbox"/> Delete
TITLE P NAME SMITH, WALTER STREET ADDRESS 1007 ARKANSAS AVE CITY-ST-ZIP LYNN HAVEN, FL 32444		<input checked="" type="checkbox"/> Delete
TITLE V NAME SMITH, KENNETH STREET ADDRESS 6126 HWY 79 CITY-ST-ZIP EBRO, FL 32437		<input checked="" type="checkbox"/> Delete
TITLE T NAME SMITH, FRANLISA J STREET ADDRESS 1007 ARKANSAS AVENUE CITY-ST-ZIP LYNN HAVEN, FL 32444		<input checked="" type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE Trustee Secretary NAME Frantlisa J. Smith STREET ADDRESS 1007 Arkansas Avenue CITY-ST-ZIP Lynn Haven, FL 32444		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Trustee President NAME Bruce Smith STREET ADDRESS 4859 Henry Lane CITY-ST-ZIP Ebro, FL 32437		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Trustee Vice President NAME Walter Smith STREET ADDRESS 1007 Arkansas Avenue CITY-ST-ZIP Lynn Haven, FL 32444		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Trustee NAME Kenneth Smith STREET ADDRESS 6120 Highway 79 CITY-ST-ZIP Ebro, FL 32437		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Treasurer NAME Ava Smith STREET ADDRESS 1900 N. Centre Pointe Blvd. #197 CITY-ST-ZIP Tallahassee, FL 32310		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/31/08 850-271-5781 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> _____ <small>Date</small> _____ <small>Daytime Phone #</small> _____