


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		3. Mailing Address 5933 Highway 79			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ebro, FL		City & State Ebro, FL		4. FEI Number 38-3705519	
Zip 32437		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME GREEN, MIRANDA STREET ADDRESS 1230 CLIFFORD STREET CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		TITLE Trustee Secretary NAME Franlisa J. Smith STREET ADDRESS 1007 Arkansas Avenue CITY-ST-ZIP Lynn Haven, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SMITH, BRUCE STREET ADDRESS 4859 HENRY LANE CITY-ST-ZIP EBRO, FL 32437	<input checked="" type="checkbox"/> Delete		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 P NAME SMITH, WALTER STREET ADDRESS 1007 ARKANSAS AVE CITY-ST-ZIP LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete		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 V NAME SMITH, KENNETH STREET ADDRESS 6126 HWY 79 CITY-ST-ZIP EBRO, FL 32437	<input checked="" type="checkbox"/> Delete		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 T NAME SMITH, FRANLISA J STREET ADDRESS 1007 ARKANSAS AVENUE CITY-ST-ZIP LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete		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"/> Delete		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: <u>Franlisa J Smith</u>			<u>3/31/08</u>		<u>850-271-5781</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #