2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008908

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

Principal Place of Business	Mailing Address
3619 SW 25TH TERRACE GAINESVILLE, FL 32608	PO BOX 142203 GAINESVILLE, FL 32614

05042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
90-0172689
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, JAMES G JR.
2216 SW ARCHER ROAD
GAINESVILLE, FL 32608

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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 JAMES G. CRAWFORD JR. James G. Crawford 5/3/07
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 September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	CRAWFORD, JAMES G JR.
STREET ADDRESS	2216 SW ARCHER ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	S, D
NAME	CRAWFORD, MARIE G
STREET ADDRESS	2216 SW ARCHER ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	T, D
NAME	GRIMMAGE, KRISTY M
STREET ADDRESS	2216 SW ARCHER ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/13/07-80003-023 61.25

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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: JAMES G. CRAWFORD, JR. James G. Crawford 5/3/07 352/376-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #