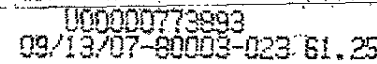


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 3619 SW 25TH TERRACE GAINESVILLE, FL 32608	Mailing Address PO BOX 142203 GAINESVILLE, FL 32614	 05042007 No Chg-NP CR2E037 (4/06) 4. FEI Number 90-0172689 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRAWFORD, JAMES G JR. 2216 SW ARCHER ROAD GAINESVILLE, FL 32608		
DO NOT WRITE IN THIS SPACE		
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 <u>JAMES G. CRAWFORD JR.</u> <u>James G. Crawford Jr.</u> <u>5/3/07</u> Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when resigning) 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 NAME STREET ADDRESS CITY-ST-ZIP	P, D CRAWFORD, JAMES G JR. 2216 SW ARCHER ROAD GAINESVILLE, FL 32608	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D CRAWFORD, MARIE G 2216 SW ARCHER ROAD GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D GRIMMAGE, KRISTY M 2216 SW ARCHER ROAD GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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>JAMES G. CRAWFORD JR.</u> <u>James G. Crawford Jr.</u> <u>5/3/07</u> <u>352/316-4354</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		