

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

FILED
May 05, 2008 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**



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
90-0172689

Applied For
Not Applicable

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

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

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 May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

U000000947055

05/30/08-80074-006 61.25

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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 (352)376-4357
Date Daytime Phone #

JAMES G. CRAWFORD, JR.