

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 009 ****61.25

DOCUMENT # N07000000045

1. Entity Name

OAK GROVE BAPTIST CHURCH OF COLUMBIA COUNTY, INC.



Principal Place of Business

**1007 N.E. NEEDMORE ROAD
WHITE SPRINGS FL 32096**

Mailing Address

**1007 N.E. NEEDMORE ROAD
WHITE SPRINGS FL 32096**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2750479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIMBS, CLARENCE L
249 S.E. MOHAWK WAY
LAKE CITY FL 32025**

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

Signature, typed or printed name of registered agent and is a if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MIMBS, CLARENCE L
STREET ADDRESS 249 S.E. MOHAW WAY
CITY- ST- ZIP LAKE CITY FL 32025

TITLE VD ☐ Delete
NAME HALL, DANIEL
STREET ADDRESS 175 NW ERNEST GLN
CITY- ST- ZIP WHITE SPRINGS FL 32096

TITLE ST ☐ Delete
NAME REGISTER, JOSEPHINE
STREET ADDRESS 821 N.E. NEEDMORE RD
CITY- ST- ZIP LAKE CITY FL 32055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Section 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:

Clarence L Mims

CLARENCE L. MIMBS 1-31-08 (384)623-6906