## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2006 8:00 am Secretary of State

DOCUMENT # N13515  1. Entity Name OAK GROVE BAPTIST CHURCH OF MIDDLEBURG, FLORIDA, INC.					Secretary of State 05-05-2006 90174 034 ****70.00		
3645 COUNTY ROAD 215 P.O.		Mailing Address P.O. BOX 238 MIDDLEBURG, FL 3206	.O. BOX 238		1/08/	I BAN BIBN BIBN BIBN BIBN BIBN BIBN B	
2. Principal Place of Business 3. Ma		3. Mailing Address	Aailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		006 Chg-NP	CR2E037 (11/	05)
City & State		City & State	City & State		4. FEI Number Applied For 59-2638354 Not Applicable		
Zip	Country	Zip	Country	5. Certi	ficate of Status Desire	d \$8.79	Additional
	6. Name and Address of Current	Registered Agent		7. Nam	and Address of Ne	w Registered Agent	
BLACKWELDER, W O 2849 BLANDING BLVD			Name Street A	Name Blackwelder W.0  Street Address (P.O. Box Number is Not Acceptable)			
MIDDLEBURG, FL 32068			4 8 4 8 4	10 -10	N.		
			80.	dalaku	ragon Ai	化。 FL は	APPLIA
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or with, in the State of Florida. I am familiar with, and acc							AUV 0
	ions of registered agent.	in the perpose of changing its t	ogistared office or	registered agent,	Or worn, artific State o	rionda. Tamianila	with, and accept
1/- Del 1/01							
SIGNATURE W B Black Weller 4-12-00							<u> </u>
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstat	ing)	DATE	
			lection Campaign Financing rust Fund Contribution.		May Be Fees F	Make check paya lorida Department	
10.	OFFICERS AND DI	RECTORS	11.	ADDITION	S/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 10
ΠLE	PD	☐ Delete	TITLE	-			
NAME	BLACKWELDER, WO		NAME	Brackw	laer w.u	•	
STREET ADDRESS	2849 BLANDING BLVD		STREET ADORESS	4400 Ta	lder W.O rragon Al burg ,Fl.	<b>76.</b>	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	migare	<u>burg , ri.</u>	32068	· · · · · · · · · · · · · · · · · · ·
TITLE NAME	D GRAY, ROY A	☐ Delete	TITLE		•	☐ Ch	ange 🗌 Addition
STREET ADDRESS	4067 BRONCO RD		NAME Street adoress				
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			□ Ch	ange Addition
NAME	TAYLOR, CLAUDIA	23 0000	NAME				ingo ( reoutor)
STREET ADDRESS	2902 GUAVA CT		STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Ch	ange 🗌 Addition
NAME CYRET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	+				
NAME		C Deserte	TITLE			☐ Ch	ange 🔲 Addition
STREET ADDRESS			III NAME				
			NAME Street address				
CITY-ST-ZIP			■ t				
		☐ Deleta	STREET ADDRESS			Ch	ange 🔲 Addition
CITY-ST-ZIP		☐ Deleta	STREET ADDRESS CITY-ST-ZIP			☐ Ch	inge 🔲 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 eath; 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: Claudia A. Jaylor Claudia H. Taylor 4-12-06 904-282