


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N13515 1. Entity Name OAK GROVE BAPTIST CHURCH OF MIDDLEBURG, FLORIDA, INC.	
--	---

Principal Place of Business 3645 COUNTY ROAD 215 MIDDLEBURG, FL 32068 US	Mailing Address P.O. BOX 238 MIDDLEBURG, FL 32068
--	---



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2638354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLACKWELDER, WO 4400 TARRAGON AVE MIDDLEBURG, FL 32068
--

**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: Edgar A. Todd Edgar A. Todd 1-28-08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) 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**

000000805105
02/05/08-80096-007 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKWELDER, W.O. 4400 TARRAGON AVE MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CK TODD, EDGAR 2578 HALPERNS WAY MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, CLAUDIA 2902 GUAVA CT MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Claudia Jayln Claudia Taylor 1-28-08 904-282-2984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #