

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

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 008 ****61.25

DOCUMENT # N42361	
1. Entity Name OAK GROVE BAPTIST CHURCH, INC.	

Principal Place of Business 1404 NE 152ND TER N MIAMI BEACH FL 33162-5927	Mailing Address 1404 NE 152ND TER N MIAMI BEACH FL 33162-5927
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 65-0686100	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKE, EVORN 1404 NE 152ND TER N MIAMI BEACH FL 33162-5927	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: DC	<input type="checkbox"/> Delete
NAME: BURKE, EVORN	
STREET ADDRESS: 17791 49TH ST N	
CITY-ST-ZIP: LOXAHATCHEE FL 33470-3577	
TITLE: D	<input type="checkbox"/> Delete
NAME: KING, DORIS	
STREET ADDRESS: 1483 N E 154TH STREET	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33162	
TITLE: DS	<input checked="" type="checkbox"/> Delete
NAME: PHILLIPS, MARLVIN	
STREET ADDRESS: 1470 NE 151ST TER	
CITY-ST-ZIP: N MIAMI BEACH FL	
TITLE: D	<input type="checkbox"/> Delete
NAME: MCKINNEY, IVELENE	
STREET ADDRESS: 1594 NE 154TH TERRACE	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33162	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: ZATER, BENJAMIN	
STREET ADDRESS: 1431 N. E. 149TH STREET	
CITY-ST-ZIP: N. MIAMI FL 33162	
TITLE: D	<input type="checkbox"/> Delete
NAME: FERGUSON, SHANIKIA	
STREET ADDRESS: 14020 BISCAYNE BLVD APT 408	
CITY-ST-ZIP: NORTH MIAMI FL 33181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Waverly Robinson	
STREET ADDRESS: 1425 N.E. 154th Street	
CITY-ST-ZIP: N. Miami Beach, Fla. 33162	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Betty Goldsmith	
STREET ADDRESS: 1563 N.E. 152nd Street	
CITY-ST-ZIP: N. Miami Beach, Fla. 33162	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rev. Evorn Burke 03-09-08 954-816-9693