

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42361

FILED
Feb 07, 2009
Secretary of State

Entity Name: OAK GROVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1404 NE 152ND TER
N MIAMI BEACH, FL 331625927

New Principal Place of Business:

Current Mailing Address:

1404 NE 152ND TER
N MIAMI BEACH, FL 331625927

New Mailing Address:

FEI Number: 65-0686100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, EVORN
1404 NE 152ND TER
N MIAMI BEACH, FL 331625927 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BURKE, EVORN,
Address: 17791 49TH ST N
City-St-Zip: LOXAHATCHEE, FL 334703577 US

Title: D () Delete
Name: KING, DORIS
Address: 1483 N E 154TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DS () Delete
Name: ROBINSON, WAVERLY
Address: 1425 NE 154TH STREET
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: MCKINNEY, IVELENE
Address: 1594 NE 154TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: GOLDSMITH, BETTY
Address: 1563 NE 152ND STREET
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: FERGUSON, SHANIKIA
Address: 14020 BISCAYNE BLVD APT 408
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENRIETTA, BRANDDY
Address: 811N.E.199 STREET #102
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change () Addition
Name: MAE, LOWE
Address: 1000 N.W.129 STREET
City-St-Zip: NORTH MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVORN BURKE

REV.

02/07/2009

Electronic Signature of Signing Officer or Director

Date