

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002142

FILED
Apr 16, 2007
Secretary of State

Entity Name: NEW OAK GROVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

18100 NW 262 AVE
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

18100 NW 262 AVE
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 59-2126499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUNTER, BILLY SR.
14905 PEGGY RD
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

ALLIGOOD, JERRY
17420 NW 262 AVE
ALACHUA, FL 32615 US

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: JERRY ALLIGOOD

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLIGOOD, BILLY
Address: 17928 NW 262 AVE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: NEWSOM, WILLIAM
Address: 19812 NW CR 236
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: ALLIGOOD, JERRY
Address: 17420 NW 262ND AVE.
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: MALPHURS, TOMMY
Address: 17216 NW 262ND AVE.
City-St-Zip: ALACHUA, FL 32615

Title: P () Delete
Name: MALPHURS, LAMAN
Address: 26318 NW 165 ST
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLIGOOD, BILLY SR
Address: 17928 NW 262 AVE
City-St-Zip: ALACHUA, FL 32615

Title: VC (X) Change () Addition
Name: ALLIGOOD, ALAN
Address: 19606 NW 202 ST
City-St-Zip: HIGH SPRINGS, FL 32643

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

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

Title: D (X) Change () Addition
Name: MALPHURS, LAMAN
Address: 26318 NW 165 ST
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the 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: BILLY ALLIGOOD SR

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date