

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002142

FILED  
Apr 15, 2008  
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:**

ALLIGOOD, JERRY  
17420 NW 262 AVE  
ALACHUA, FL 32615 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: P ( ) Delete  
Name: ALLIGOOD, BILLY SR  
Address: 17928 NW 262 AVE  
City-St-Zip: ALACHUA, FL 32615

Title: VC ( ) Delete  
Name: ALLIGOOD, ALAN  
Address: 19606 NW 202 ST  
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: D ( ) Delete  
Name: MALPHURS, LAMAN  
Address: 26318 NW 165 ST  
City-St-Zip: ALACHUA, FL 32615

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

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: BILLY ALLIGOOD

Electronic Signature of Signing Officer or Director

OFFI

04/15/2008

\_\_\_\_\_ Date