


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002951**

1. Entity Name  
 DARLINGTON OAK GROVE BAPTIST CHURCH,  
 INCORPORATED



Principal Place of Business 1717 OAK GROVE ROAD WESTVILLE, FL 32464 US	Mailing Address 1717 OAK GROVE ROAD WESTVILLE, FL 32464 US
--	--

**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2093642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GILLMAN, FRED  
 2914 COOK ROAD  
 WESTVILLE, FL 32464

**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 Fred S Gillman DATE 2-29-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00** May Be Added to Fees

03/11/04 09064 010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALFORD, STEVE 191 OAK GROVE ROAD WESTVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILLMAN, FRED 2914 COOK RD WESTVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, H. B 1917 CO. HWY. 183 S DEFUNIAK SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, JERRY 2833 COLLINSWORTH RD WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLOWAY, DALE D 671 MIMS RD DEFUNIAK SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLISON, KENNETH 333 ELLISON RD SAMSON, AL 36477

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Fred S Gillman DATE 2-29-04 DAYTIME PHONE # 859-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #