

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003067

FILED
Jan 23, 2007
Secretary of State

Entity Name: OAK GROVE HOLINESS CHURCH, INC.

Current Principal Place of Business:

RT 1 BOX 1325
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 266
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0609804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEARS, JEROME
22321 TUCKAHOE RD
ALVA, FL 33920 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: DP () Delete
Name: SEARS, JEROME
Address: 22321 TUCKAHOE RD
City-St-Zip: ALVA, FL 33920

Title: DV () Delete
Name: BATEMAN, LINDA M
Address: 329 W. PROSPECT AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: DS () Delete
Name: JONES, APRIL
Address: P.O. BOX 2395
City-St-Zip: LABELLE, FL 33975

Title: DT () Delete
Name: LAY, LORETTA
Address: 1270 NOBLES ROAD
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: RISNER, DAVID J
Address: 321 S. ELM ST.
City-St-Zip: LABELLE, FL 33935

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

Title: DT (X) Change () Addition
Name: BATEMAN, LINDA M
Address: 329 W. PROSPECT AVE.
City-St-Zip: FORT MYERS, FL 33905

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: JEROME SEARS

DP

01/23/2007

Electronic Signature of Signing Officer or Director

Date